# Ohio Campaign Finance Report 5 007 24 PHI2: 38

Prescribed by Secretary of State 3/05

|                        |             | -5         |              |          |               |       | OUATE     | J 194    | \$\$ a. \$ 10 | * 1 3 CAT + 12: |
|------------------------|-------------|------------|--------------|----------|---------------|-------|-----------|----------|---------------|-----------------|
| Full Name of Committee | -           |            |              |          | - 1           |       | Registrat | ion Numl | ber, if PA    | C -             |
| Citizens for Dorria    | n Committee |            |              |          |               |       |           |          |               |                 |
| Full Name of Candidate |             |            |              |          |               |       |           |          |               |                 |
| Hugh J. Dorrian        |             |            | ,            |          |               |       |           |          |               |                 |
| Street Address         |             |            |              |          | Office Sought |       |           |          | District      |                 |
| 425 Derrer Rd          |             |            |              |          | City Au       | ditor |           |          |               |                 |
| City                   |             |            |              |          |               | S     | tate      | Zip Code | e             |                 |
| Columbus               |             |            |              |          |               | 0     | Н         | 432      | 04            |                 |
| Type of all Group      | Pre-Primary |            | Post-Primary | Х        | Pre-General   |       | Post-Ger  | ıeral    |               | Annual Year     |
| ઌૡઌૹૡઌઌ૽ૡ૽ઌઌૡઌૣૼ૽      | July        |            | August       |          | September     |       |           |          |               | Semiannual      |
| ( <del>)</del> (77.7)  | Monthly     |            | Monthly      |          | Monthly       |       | Terminat  | ion      |               |                 |
| Amended Report?        | Report Elec | tronically | filed?       |          |               |       | M         | 1        | D             | Y               |
| ☐ Yes ☐ No             |             | Yes        | ☐ No         | 10/4(45) | ট্রহন্ত্র     | 1     | 1         | 0        | 8             | 0   5           |

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box. No other forms are required at a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

|  | \$ |           |
|--|----|-----------|
| Assound rought forward from his coron  | Ψ  | 27,757.09 |
| 2 Fyelajjojajajy coji dustoje (jedin Podnijec 31-45  | \$ | 14,380.00 |
| Correspondence (Transporter at 1995)   | \$ | 12.00     |
|  | \$ |           |
| (s. 1939 (inner yearth) (eman these ( . 2 %)   | \$ | 42,149.09 |
| E than himmetery disconding (Platt Nov. 186, 2018)   | \$ | 12,590.76 |
| g dyddiaet yn neosodiaet infliaestre ()  |    | 29,558.33 |
| <ol> <li>Veline Official Contributions are served discontinuous at the 18 skelly.</li> </ol>   | \$ | 385.00    |
| 8. Value et hi Rind captilla masa masa Ahtsa Born 180  | \$ |           |
| Promiserating design accomplished from those M. (1885)   | \$ |           |
| R. Ontrehame done over he commune come come has sadify   | \$ |           |
| D. Outstanding large comes to expure the second of the Point of the Second   | \$ |           |
| Cr. days of the control of the contr       | \$ |           |
| <ul> <li>Volta of integrantian expositions protect from two field that the Table of the State of the Stat</li></ul> | \$ |           |
| Similar than 2. I and implied shally any thank acceptably interpretable.   |    |           |

| ROMEO.                   | and the state of the  |                 | · · · · · · · · · · · · · · · · · · · |
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| COMMITS ELECTION FALSIFI | CATION IS GUILTY OF A FELONY OF THE TRANSPORT THE TRANSPORT TO THE TRANSPORT OF THE TRANSPO | lot I M Davil   | DEVER 10/21/05 Date                   |
| Contribution pages 21    | Expenditure pages 5  | Other pages / g | Total 44                              |

| Page <u>2</u> |
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Prescribed by Secretary of State 3/05

|                                  | <u> </u>         |                           |                   |                             |                          |  |  |  |
|----------------------------------|------------------|---------------------------|-------------------|-----------------------------|--------------------------|--|--|--|
| Name of Committee in Full        |                  |                           |                   |                             |                          |  |  |  |
| Citizens for Dorrian Committee   |                  |                           |                   |                             |                          |  |  |  |
| Full Name of Contributor         |                  |                           | Registration Num  | Registration Number, if PAC |                          |  |  |  |
| Thomas M. Isaacs                 |                  |                           |                   |                             |                          |  |  |  |
| Street Address                   | Employer/Occup   | ation/Labor Organization* |                   |                             | Form (Cash, Check, etc.) |  |  |  |
| 1197 Three Forks Dr. S           | City of C        | Columbus                  |                   |                             | Check                    |  |  |  |
| City                             | State            | Zip Code                  | M D               | Y                           | Amount                   |  |  |  |
| Westerville                      | O   H            | 43081                     | 0 6 1 7           | 0 5                         | 100.00                   |  |  |  |
| Full Name of Contributor         |                  |                           | Registration Num  | ber, if PA                  | C                        |  |  |  |
| Michael S. Brown                 |                  |                           |                   |                             |                          |  |  |  |
| Street Address                   | Employer/Occup   | ation/Labor Organization* |                   |                             | Form (Cash, Check, etc.) |  |  |  |
| 1142 Pennsylvania Ave.           | City of (        | City of Columbus          |                   |                             | Check                    |  |  |  |
| City                             | State            | Zip Code                  | M D               | Y                           | Amount                   |  |  |  |
| Columbus                         | OH               | 43201                     | 0 6 1 7           | 0 5                         | 100.00                   |  |  |  |
| Full Name of Contributor         |                  |                           | Registration Num  |                             | C                        |  |  |  |
| Joseph Palazzo                   |                  |                           |                   |                             |                          |  |  |  |
| Street Address                   | Employer/Occup   | ation/Labor Organization* |                   |                             | Form (Cash, Check, etc.) |  |  |  |
| 3140 W. Mound St.                | N/A              |                           |                   | Check                       |                          |  |  |  |
| City                             | State            | Zip Code                  | M D               | Y                           | Amount                   |  |  |  |
| Columbus                         | O   H            | 43204                     | 0 6 2 2           | 0 5                         | 25.00                    |  |  |  |
| Full Name of Contributor         |                  |                           | Registration Nun  |                             |                          |  |  |  |
| Paula L. Brooks                  |                  |                           |                   |                             |                          |  |  |  |
| Street Address                   | Employer/Occup   | ation/Labor Organization* |                   |                             | Form (Cash, Check, etc.) |  |  |  |
| 4585 Benderton Ct.               | N/A              | v                         |                   |                             | Check                    |  |  |  |
| City                             | State            | Zip Code                  | MD                | ΙΥ                          | Amount                   |  |  |  |
| Columbus                         | ОН               | 43220                     | 0 6 2 2           | I                           | 50.00                    |  |  |  |
| Full Name of Contributor         |                  | 10440                     | Registration Num  |                             |                          |  |  |  |
| Margaret R. Will                 |                  |                           |                   | ,                           |                          |  |  |  |
| Street Address                   | Employer/Occup   | ation/Labor Organization* |                   |                             | Form (Cash, Check, etc.) |  |  |  |
| 3440 Olentangy River Rd.         | N/A              |                           |                   |                             | Check                    |  |  |  |
| City                             | State            | Zip Code                  | MD                | Y                           | Amount                   |  |  |  |
| Columbus                         | OH               | 43202                     | 0 8 1 0           | 1                           | 25.00                    |  |  |  |
| Full Name of Contributor         |                  | 10202                     | Registration Nun  |                             |                          |  |  |  |
| UFCW Local 1059, Active Ballot C | lub              |                           | PAC # I           |                             |                          |  |  |  |
| Street Address                   |                  | ation/Labor Organization* | 1710 11 1         | 11 1407                     | Form (Cash, Check, etc.) |  |  |  |
| 4150 E. Main St.                 | Limple) un occup | anois Eucor Organization  |                   |                             | Check                    |  |  |  |
| City                             | State            | Zip Code                  | M D               | Y                           | Amount                   |  |  |  |
| Columbus                         | OH               | 43213                     | 0 8 2 2           | 1                           |                          |  |  |  |
| Full Name of Contributor         | <u> </u>         | 10210                     | Registration Nun  |                             |                          |  |  |  |
| Patricia S. Albert               |                  |                           | regionation run   |                             |                          |  |  |  |
| Street Address                   | Employer/Occur   | ation/Labor Organization* |                   |                             | Form (Cash, Check, etc.) |  |  |  |
| 1007 Birchmont Rd.               | N/A              | ation Europe Organization |                   |                             | Check                    |  |  |  |
| City                             | State            | Zip Code                  | M D               | Y                           | Amount                   |  |  |  |
| Columbus                         | OH               | 43220                     | 0 9 0 2           | 1                           | 75.00                    |  |  |  |
| Full Name of Contributor         |                  | 40220                     | Registration Num  |                             |                          |  |  |  |
| James J. Ryan, Jr.               |                  |                           | Registration (van | ioci, ii i A                |                          |  |  |  |
| Street Address                   | Employer/Occur   | ation/Labor Organization* |                   |                             | Form (Cash Check etc.)   |  |  |  |
| 4333 Sharon Ave.                 | 1                | -                         |                   |                             | Form (Cash, Check, etc.) |  |  |  |
| 4333 Sharon Ave.                 | Restaur          | ant Owner  Zip Code       | MD                | ΙΥ                          | Check                    |  |  |  |
| Columbus                         | 1                |                           |                   |                             | Amount                   |  |  |  |
| Columbus                         | OH               | 43214                     | 0 9 2 5           | 0 5                         | 250.00                   |  |  |  |

| Page Total \$ | 875.00 |
|---------------|--------|
|               |        |

<sup>\*</sup> Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

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Prescribed by Secretary of State 3/05

| Name of Committee in Full  |                |   |              |             |                          |                          |             |  |  |
|--|----------------|---|--------------|-------------|--------------------------|--------------------------|-------------|--|--|
| Citizens for Dorrian Committee   |                |   |              |             |                          |                          |             |  |  |
| Full Name of Contributor   |                |   |              |             | ber, if PA               |                          |             |  |  |
| Carpenters Local Union # 200 PCE   |                |   | EN           | TITY        | # 102                    | 88                       |             |  |  |
| Street Address   | Employer/Occup | ation/Labor Organization*               |              |             |                          | Form (Cash, Ch           | eck, etc.)  |  |  |
| 1545 Alum Creek Dr.  |                |   |              |             |                          | Check                    |             |  |  |
| City   | State          | Zip Code                                | М            | D           | Y                        | Amount                   |             |  |  |
| Columbus   | OH             | 43209                                   | 0 9          | 2 6         | 0   5                    |                          | 500.00      |  |  |
| Full Name of Contributor   |                |   |              |             | ber, if PA               | C                        |             |  |  |
| Edward P. Ferris   |                |   | - 1          |             |                          |                          |             |  |  |
| Street Address   | Employer/Occup | ation/Labor Organization*               |              |             |                          | Form (Cash, Ch           | eck, etc.)  |  |  |
| 1959 Collingswood Dr.  | E.P. Ferr      |   |              |             | Check                    |                          |             |  |  |
| City   | State          | Zip Code                                | М            | D           | ΙΥ                       | Amount                   |             |  |  |
| Upper Arlington  | OH             | 43221                                   | 0 9          |             |                          |                          | 200.00      |  |  |
| Full Name of Contributor   | 0 22           | 10221                                   |              |             | ber, if PA               | C                        | 200.00      |  |  |
| John F. Harmon   |                |   | Rogisau      | tion i tuii | ,                        | •                        |             |  |  |
| Street Address   | Employer/Occup | ation/Labor Organization*               | <u> </u>     |             |                          | Form (Cosh Ch            | nok ata )   |  |  |
| The state of the s |                | atton/Labor Organization                |              |             |                          | Form (Cash, Check, etc.) |             |  |  |
| 3440 Olentangy River Rd. Apt. 2A   | N/A            |   |              | 1 D         | ΙΥ                       | Check                    |             |  |  |
| City   | State H        | Zip Code                                | M            | D           | 1 - 1                    | Amount                   | 100.00      |  |  |
| Columbus   | OH             | 43202                                   | 0 9          |             |                          | <u></u>                  | 100.00      |  |  |
| Full Name of Contributor   |                |   |              | ition Num   | ber, if PA               | C                        |             |  |  |
| Robert W. McLaughlin   | - T            |   |              |             |                          |                          |             |  |  |
| Street Address   | 1 ' '          | Employer/Occupation/Labor Organization* |              |             | Form (Cash, Check, etc.) |                          |             |  |  |
| 105 W. Plum St.  |                | Columbus                                | T 7 T = T == |             |                          | Check                    |             |  |  |
| City   | State          | Zip Code                                | М            | D           | Y                        | Amount                   | 100.00      |  |  |
| Westervillle   | O   H          | 43081                                   | 0 9          |             |                          |                          | 100.00      |  |  |
| Full Name of Contributor   |                |   |              |             | ber, if PA               | .C                       |             |  |  |
| Ohio & Vicinity Regional Council, Sc   | outh Central   | Office                                  | PA           | <u>C#L</u>  | A416                     |                          |             |  |  |
| Street Address   | Employer/Occup | eation/Labor Organization*              |              |             |                          | Form (Cash, Ch           | eck, etc.)  |  |  |
| 1394 Courtright Rd.  |                | · ·                                     |              |             | •                        | Check                    |             |  |  |
| City   | State          | Zip Code                                | М            | D           | Y                        | Amount                   |             |  |  |
| Columbus   | OH             | 43227                                   | 0 9          | 2 7         | 0   5                    |                          | 500.00      |  |  |
| Full Name of Contributor   |                |   | Registra     | tion Num    | ber, if PA               | .C                       |             |  |  |
| John F. Finn   |                |   |              |             |                          |                          |             |  |  |
| Street Address   | Employer/Occup | ation/Labor Organization*               |              |             |                          | Form (Cash, Ch           | neck, etc.) |  |  |
| 3641 Interchange Rd.   | N/A            |   |              |             |                          | Check                    |             |  |  |
| City   | State          | Zip Code                                | М            | D           | Y                        | Amount                   |             |  |  |
| Columbus   | OH             | 43204                                   | 0 9          | 2 8         | 0   5                    |                          | 50.00       |  |  |
| Full Name of Contributor   |                | <del></del>                             | Registra     | tion Num    | ber, if PA               | C                        |             |  |  |
| Stephen P. Grassbaugh  |                |   | İ            |             |                          |                          |             |  |  |
| Street Address   | Employer/Occup | oation/Labor Organization*              | <b></b>      |             |                          | Form (Cash, Cl           | neck, etc.) |  |  |
| 175 S Third St   | Attorne        | v                                       |              |             |                          | Check                    |             |  |  |
| City   | State          | Zip Code                                | М            | D           | Y                        | Amount                   |             |  |  |
| Columbus   | OH             | 43215                                   | 0 9          | l .         | 1 .                      |                          | 100.00      |  |  |
| Full Name of Contributor   |                | 1 20 - 20                               |              |             | iber, if PA              |                          |             |  |  |
| Mary S. Duffey   |                |   |              |             | , 1                      | •                        |             |  |  |
| Street Address   | Employer/Occur | pation/Labor Organization*              | <del></del>  |             |                          | Form (Cash, Cl           | neck. etc.) |  |  |
| 4740 Hayden Run Rd.  | Attorne        | •                                       |              |             |                          | Check                    |             |  |  |
| City   | State          | Zip Code                                | М            | D           | ΙΥ                       | Amount                   | <del></del> |  |  |
| Columbus   | O H            | 43221                                   | 0 9          |             | 0 5                      |                          | 100.00      |  |  |
| 222411040  | 1              | 1                                       | 1012         | 1010        |                          | 1 .                      | 100.00      |  |  |

Page Total \$ 1,650.00

<sup>\*</sup> Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

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|                                       |        |             |                                       |           |            |            | · · · · · · · · · · · · · · · · · · · |       |  |
|---------------------------------------|--------|-------------|---------------------------------------|-----------|------------|------------|---------------------------------------|-------|--|
| Name of Committee in Full             |        |             |                                       |           |            |            |                                       |       |  |
| Citizens for Dorrian Committee        |        |             |                                       |           |            |            |                                       |       |  |
| Full Name of Contributor              |        |             |                                       | Registrat | ion Numl   | oer, if PA | С                                     |       |  |
| Dennis G. Schwallie                   |        |             |                                       |           |            |            |                                       |       |  |
| Street Address                        | Employ | er/Occupa   | tion/Labor Organization*              |           |            |            | Form (Cash, Check, e                  | tc.)  |  |
| 8955 Easton Dr.                       | Att    | orney       | •                                     |           |            |            | Check                                 |       |  |
| City                                  |        |             | Zip Code                              | М         | .D         | Y          | Amount                                |       |  |
| Pickerington                          | 0      | Н           | 43147                                 | 0 9       | 3 0        | 0   5      | 10                                    | 00.00 |  |
| Full Name of Contributor              |        | •           | · · · · · · · · · · · · · · · · · · · |           |            | per, if PA |                                       |       |  |
| Contributions from form31-E           |        |             |                                       |           |            |            |                                       |       |  |
| Street Address                        | Employ | er/Occupa   | tion/Labor Organization*              | <u> </u>  |            |            | Form (Cash, Check, e                  | tc)   |  |
|                                       |        | <b>-</b>    |                                       |           |            |            |                                       | ,     |  |
| City                                  | +      | tate        | Zip Code                              | М         | D          | Y          | Amount                                |       |  |
|                                       | "      |             | Zip code                              | 0 8       |            |            | *                                     | 80.00 |  |
| Full Name of Contributor              |        | 1           |                                       |           | _          | ber, if PA |                                       | 30.00 |  |
|                                       |        |             |                                       | Kegisuai  | ion rum    | bei, ii FA |                                       |       |  |
| John C. Rosenberger<br>Street Address | Ir1    | /0          | sing a band on the stand              |           |            |            | r (0 1 0 1                            |       |  |
|                                       | 1      |             | tion/Labor Organization*              |           |            |            | Form (Cash, Check, e                  | tc.)  |  |
| 804 City Park Ave.                    |        | torney      |                                       |           |            |            | Check                                 |       |  |
| City                                  | 1 _ `  | tate        | Zip Code                              | M         | D          | Y          | Amount                                |       |  |
| Columbus                              | 0      | H           | 43206                                 | 0 8       | 0 8        |            |                                       | 50.00 |  |
| Full Name of Contributor              |        |             |                                       | Registrat | ion Numl   | ber, if PA | С                                     |       |  |
| Frank J. Cipriano                     |        |             |                                       |           |            |            |                                       |       |  |
| Street Address                        | Employ | er/Occupa   | ation/Labor Organization*             |           | _          |            | Form (Cash, Check, e                  | tc.)  |  |
| 39 E. Whittier St.                    | La     | nd Ne       | twork                                 |           |            |            | Check                                 |       |  |
| City                                  |        |             | Zip Code                              | М         | D          | Y          | Amount                                |       |  |
| Columbus                              | 10     | l H         | 43206                                 | 0 9       | 0 9        | 0 5        | 1.00                                  | 00.00 |  |
| Full Name of Contributor              |        |             |                                       |           |            | ber, if PA |                                       |       |  |
| David C. Hetzler                      |        |             |                                       | ľ         |            |            |                                       |       |  |
| Street Address                        | Employ | er/Occupa   | ation/Labor Organization*             | <u> </u>  |            |            | Form (Cash, Check, e                  | etc.) |  |
| 1645 Ridgway Pl.                      | DI     | -           | 0                                     |           |            | i          | Check                                 | ,     |  |
| City                                  |        | tate        | Zip Code                              | М         | D          | Y          | Amount                                |       |  |
| Columbus                              |        | H           | 43212                                 | 0 9       | 0 9        | 0 5        |                                       | 00.00 |  |
| Full Name of Contributor              | 10     | 11          | 40212                                 |           |            |            |                                       | 00.00 |  |
|                                       |        |             |                                       | Registra  | non Num    | ber, if PA | C                                     |       |  |
| Donald W. Kelley                      |        |             |                                       |           |            |            |                                       |       |  |
| Street Address                        | 1      | -           | ntion/Labor Organization*             |           |            |            | Form (Cash, Check, e                  | etc.) |  |
| 878 Fairway Blvd.                     |        | velop       |                                       | ,         |            | <b>,</b>   | Check                                 |       |  |
| City                                  |        |             | Zip Code                              | M         | D          | Y          | Amount                                |       |  |
| Columbus                              | 0      | H           | 43213                                 | 0 9       | $1 \mid 0$ | 0   5      | 50                                    | 00.00 |  |
| Full Name of Contributor              |        |             |                                       | Registrat | tion Num   | ber, if PA | C                                     |       |  |
| Edward V. Walsh                       |        |             |                                       |           |            |            |                                       |       |  |
| Street Address                        | Employ | er/Occupa   | ation/Labor Organization*             |           |            |            | Form (Cash, Check, e                  | etc.) |  |
| 2316 Severhill Dr.                    | Cla    | ark Scl     | haeffer Hackett & (                   | Co.       |            |            | Check                                 |       |  |
| City                                  | S      | tate        | Zip Code                              | М         | D          | Y          | Amount                                |       |  |
| Dublin                                | 10     | ΙH          | 43016                                 | 0 9       | 1 1        | 0 5        | 10                                    | 00.00 |  |
| Full Name of Contributor              |        | 1           | -                                     |           |            | ber, if PA |                                       |       |  |
| Robert H. Jeffrey                     |        |             |                                       |           |            |            |                                       |       |  |
| Street Address                        | Employ | er/Occuns   | ation/Labor Organization*             |           |            |            | Form (Cash, Check, e                  | etc.) |  |
| 296 Ashbourne Pl.                     | 1      | frey C      | •                                     |           |            |            | Check                                 |       |  |
| 290 ASHDOUTHETT.                      |        | tate        | Zip Code                              | М         | D          | ΙΥ         | Amount                                |       |  |
| Columbus                              |        | iate<br>⊢ H | 43209                                 | 1         | ŧ          | 1          | i e                                   | 00.00 |  |
| Columbus                              | 0      | 11          | 43209                                 | 0 9       | 1 2        | 0 5        | 1                                     | 00.00 |  |

Page Total \$ 4,030.00

<sup>\*</sup> Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

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Prescribed by Secretary of State 3/05

| Name of Committee in Full                       |  |          |                              |  | <del></del>      |                  |                          |           |  |
|---|--|----------|------------------------------|--|------------------|------------------|--------------------------|-----------|--|
| Citizens for Dorrian Committee                  |  |          |                              |  |                  |                  |                          |           |  |
| Full Name of Contributor                        |  |          |                              | D  | NI               | L. ISDA          |                          |           |  |
|   | nticoc   |          |                              | Registration Number, if PAC PAC # LA1212 |                  |                  |                          |           |  |
| United Assoc. of Journeymen & Appres            |  | /Oaauma  | tion/Labor Organization*     | $\Gamma P$                               | C # L            |                  |                          | ale ata \ |  |
|   | Employer   | Occupa   | tion/Labor Organization*     |  |                  |                  | Form (Cash, Che          | ck, etc.) |  |
| 1250 Kinnear Rd.                                | C4-  | 4-       | 7:- 0-4-                     | 1 1/                                     | I B              | <del>, ,  </del> | Check                    |           |  |
| Columbus  | Sta  | H        | Zip Code<br>43212            | M  | D 1 2            | Y                | Amount                   | 250.00    |  |
| Full Name of Contributor                        | U  |          | 43212                        | 0 9                                      | 1 2<br>ation Num | 0 5              | <u> </u>                 | 230.00    |  |
| Donald B. Shackelford                           |  |          |                              | Registi                                  | ation Num        | oei, ii ra       |                          |           |  |
| Street Address                                  | Employer   | /Occupa  | tion/Labor Organization*     |  |                  |                  | Form (Cash, Che          | ok etc.)  |  |
| 21 E. State St.                                 | 1  |          |                              |  |                  |                  |                          |           |  |
| City  | Fifth Third Bank State Zip Code                      |          |                              |  | ΤD               | ΓΥ               | Check<br>Amount          |           |  |
| Columbus  | O   H   43215  |          |                              | $\begin{vmatrix} M \\ 0 \end{vmatrix} 9$ | 1 .              |                  | Amount                   | 200.00    |  |
| Full Name of Contributor                        | 0  |          | 43213                        |  | ation Num        | 0 5              | C                        | 200,00    |  |
|   |  |          |                              | Kegisti                                  | auon Num         | oei, ii FA       | ·C                       |           |  |
| Shoemaker, Howarth & Taylor, LLP Street Address | Employer   | /0       | tion // other Organization * | <u> </u>                                 | ·                |                  | E (C                     | -l- eta\  |  |
|   | 1  |          | tion/Labor Organization*     |  |                  |                  | Form (Cash, Che          | ck, etc.) |  |
| 471 E. Broad St, Suite 2001                     |  | rney     |                              | Тм                                       | 1 B              | Y                | Check                    |           |  |
| Columbia  | State Zip Code O H 43215                             |          |                              | 1  | D                | 1 . 1            | Amount                   | 100.00    |  |
| Columbus  | 0  | 11       | 43215                        | 0 9                                      | 1 4              | 0 5              |                          | 100.00    |  |
| Full Name of Contributor                        |  |          |                              | Kegisti                                  | ation Num        | ber, if PA       | .C                       |           |  |
| Gregory Comfort                                 | Ir. 1  | 10       | 41-7-1-0-1-1-1               | <u> </u>                                 |                  |                  | F (C1, Cl.               | -1        |  |
|   | reet Address Employer/Occupation/Labor Organization* |          |                              |  |                  |                  | Form (Cash, Che          | ck, etc.) |  |
| 2275 Onandaga Dr.                               | +  | H & '    |                              | <del>1</del>                             | T -              |                  | Check                    |           |  |
| City  | Sta  |          | Zip Code                     | M  | D                | Y                | Amount                   | 100.00    |  |
| Columbus  | 0  | H        | 43221                        | 0 9                                      |                  | 0 5              |                          | 100.00    |  |
| Full Name of Contributor                        |  |          |                              | Registr                                  | ation Num        | ber, if PA       | .C                       |           |  |
| Thomas L. Kaplin                                | I  |          |                              |  |                  |                  |                          |           |  |
| Street Address                                  |  | _        | ation/Labor Organization*    |  |                  |                  | Form (Cash, Che          | ck, etc.) |  |
| 207 E. Deshler Ave.                             |  | orney    |                              | 1  | <del></del>      | T                | Check                    |           |  |
| City  | Sta  |          | Zip Code                     | M  | D                | Y                | Amount                   | 200.00    |  |
| Columbus  | 0  | Н        | 43206                        | 0 9                                      |                  | 0 5              | <u></u>                  | 200.00    |  |
| Full Name of Contributor                        |  |          |                              | Registr                                  | ation Num        | ber, if PA       | .C                       |           |  |
| Robert Lazarus, Jr.                             | I  |          |                              | <u> </u>                                 |                  |                  | I                        |           |  |
| Street Address                                  | Employer/Occupation/Labor Organization*              |          |                              |  |                  |                  | Form (Cash, Check, etc.) |           |  |
| 2094 Pack Hill Dr                               | N/A  |          | T                            |  |                  |                  | Check                    |           |  |
| City  | Sta  |          | Zip Code                     | M  | D                | Y                | Amount                   | 200.00    |  |
| Columbus  | 0  | П        | 43209                        |  | 1 5              |                  |                          | 200.00    |  |
| Full Name of Contributor                        |  |          |                              | · ·                                      | ration Num       | ber, if PA       | ıC <sub>.</sub>          |           |  |
| Teamsters Local Union No. 413                   |  |          |                              | L <i>P</i>                               | 1766             |                  |                          |           |  |
| Street Address                                  | Employer   | :/Occupa | ation/Labor Organization*    |  |                  |                  | Form (Cash, Che          | ck, etc.) |  |
| 555 E. Rich St.                                 |  |          | ·                            | ,  |                  |                  | Check                    |           |  |
| City  | Sta  |          | Zip Code                     | M  | D                | Y                | Amount                   |           |  |
| Columbus  | 0  | H        | 43215                        | 0 9                                      |                  | 0 5              |                          | 150.00    |  |
| Full Name of Contributor                        |  |          |                              | Registr                                  | ration Num       | ber, if PA       | vC .                     |           |  |
| Richard C. Pfeiffer, Jr.                        | ·1   |          |                              |  |                  |                  |                          |           |  |
| Street Address                                  | 1  | •        | ation/Labor Organization*    |  |                  |                  | Form (Cash, Check, etc.) |           |  |
| 238 E. Royal Forest Blvd.                       |  |          | Columbus                     | .,                                       |                  | ,                | Check                    |           |  |
| City  | Sta  |          | Zip Code                     | M  | D                | Y                | Amount                   |           |  |
| Columbus  | 0  | Н        | 43214                        | 0 9                                      | 0 1 5            | 0 5              | <u> </u>                 | 100.00    |  |

| Page Total \$ 1,300.00 |
|------------------------|
|------------------------|

<sup>\*</sup> Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Prescribed by Secretary of State 3/05

| Name of Committee in Full                                  |             |  |                           |                             |           |               |                                | *.          |
|--|-------------|--|---------------------------|-----------------------------|-----------|---------------|--------------------------------|-------------|
| Citizens for Dorrian Committee                             |             |  |                           |                             |           |               |                                |             |
| Full Name of Contributor                                   |             |  |                           | Registration Number, if PAC |           |               |                                |             |
| Columbus/Central Ohio Building & Construction Trades Counc |             |  |                           | PA                          | C # L     | A121          |                                |             |
| Street Address   | Employe     | r/Occupa   | tion/Labor Organization*  |                             |           |               | Form (Cash, Ch                 | eck, etc.)  |
| 555 E. Rich St. #217                                       |             | •  |                           |                             |           |               | _Check                         |             |
| City   | St          | ate  | Zip Code                  | M                           | D         | Y             | Amount                         |             |
| Columbus   | O           | Н  | 43215                     | 0 9                         | 1 6       | 0   5         |                                | 250.00      |
| Full Name of Contributor                                   |             |  |                           | Registra                    | tion Num  | ber, if PA    | С                              |             |
| Ty D. Marsh  |             |  |                           | 1                           |           |               |                                |             |
| Street Address   | Employe     | r/Occupa   | tion/Labor Organization*  | - <del></del>               |           |               | Form (Cash, Ch                 | eck, etc.)  |
| 57 Riverview Park Dr.                                      | Cha         | ambe   | r of Commerce             |                             |           |               | Check                          |             |
| City   | <del></del> |  | Zip Code                  | М                           | D         | Y             | Amount                         |             |
| Columbus   | 10          | Н  | 43214                     | 0 9                         | 1   7     | 0 5           |                                | 100.00      |
| Full Name of Contributor                                   |             |  |                           |                             | tion Num  |               | .c                             |             |
| Ronald W. Eifert   |             |  |                           |                             |           |               |                                |             |
| Street Address   | Employe     | er/Occupa  | ation/Labor Organization* |                             |           |               | Form (Cash, Ch                 | eck, etc.)  |
| 7052 Lansdowne St.   | Enc         | gineer   | -<br>M                    |                             |           |               | Check                          |             |
| City   |             | ate  | Zip Code                  | М                           | D         | Y             | Amount                         |             |
| Worthington  | 0           | H  | 43085                     | 0 9                         | 1   8     | 0 5           |                                | 100.00      |
| Full Name of Contributor                                   |             |  | 10000                     |                             | tion Num  |               |                                | 10.0.00     |
| Nationwide Better Citizenship Fd OH                        | 259         |  |                           | OH259                       |           |               |                                |             |
| Street Address   |             | er/Occuma  | ation/Labor Organization* | <u> </u>                    | 1207      |               | Form (Cash, Ch                 | eck etc.)   |
| One Nationwide Plaza                                       | .           | л. Остара  | mon Dubor Organization    |                             |           |               | Check                          | out, etc.)  |
| City   |             | ate  | Zip Code                  | М                           | D         | Y             | Amount                         |             |
| Columbus   |             | H  | 43215                     | I .                         | 1 9       |               | ·                              | 500.00      |
| Full Name of Contributor                                   |             |  | 40210                     |                             | tion Num  |               | C                              | 300.00      |
| Vorys Sater Seymour and Pease LLP                          |             |  |                           | regione                     |           | 001, 11 1 1 1 |                                |             |
| Street Address   | Employe     | er/Occuna  | ation/Labor Organization* | L                           | -         |               | Form (Cash, Ch                 | eck etc.)   |
| 52 E. Gay St.,P.O. Box 1008                                |             | orney  |                           |                             |           |               | Check                          | cox, cic.,  |
| City   |             | tate   | Zip Code                  | I M                         | D         | Y             | Amount                         |             |
| Columbus   |             | Η  | 43215                     |                             | 2 0       | 0 5           | 1                              | 1,000.00    |
| Full Name of Contributor                                   | 10          |  | 40210                     |                             | tion Num  |               |                                | 1,000.00    |
| Ben Groves   |             |  |                           | I C GISTI                   | ition rum | oci, ii i /   |                                |             |
| Street Address   | Employe     | ar/Occup   | ation/Labor Organization* |                             |           |               | Form (Cach, Ch                 | ack etc.)   |
| 10455 Grant Ln. NW   | 1           | Employer/Occupation/Labor Organization* Service Supply |                           |                             |           |               | Form (Cash, Check, etc.) Check |             |
| City   |             |  | Zip Code                  | Тм                          | ΙD        | ΙΥ            | Amount                         |             |
| Pickerington   |             |  | 43147                     | 1                           | 2 1       | 1             |                                | 200.00      |
| Full Name of Contributor                                   | 10          | 1.1  | 43147                     |                             | tion Num  |               |                                | 200.00      |
| Dale E. Balser   |             |  |                           | Registra                    | ition rum | bei, ii i A   |                                |             |
| Street Address   | Employe     | er/Occup   | ation/Labor Organization* | <u> </u>                    |           |               | Form (Cash, Ch                 | ack etc.)   |
| 4438 Mobile Dr. Apt. 104                                   | 1 ' '       | •  | anon/Laudi Organization   |                             |           |               |                                | ieck, etc.) |
| City   | N/          | tate   | Zip Code                  | M                           | D         | Y             | Check                          |             |
| Columbus   | ١ ۾         | H H  | 43220                     |                             | •         | 1             | Amount                         | 100.00      |
| Full Name of Contributor                                   | 0           | 11   | 43220                     | 0 9                         |           |               | <u> </u>                       | 100.00      |
|  |             |  |                           | Kegistra                    | tion Num  | oer, if PA    |                                |             |
| Fraternal Order of Police Street Address                   | Te- 1       | /0:  |                           |                             |           |               | F (C. 1 &                      | 1           |
|  | Employe     | er/Occupa  | ation/Labor Organization* |                             |           |               | Form (Cash, Ch                 | ieck, etc.) |
| 520 S. High St., Suite 205                                 |             |  | 7:-0-1-                   | T 3.                        | 1 rs      | 1 17          | Check                          |             |
| City   | _           | tate<br>⊢ ⊔  | Zip Code                  | M                           | D         | Y             | Amount                         | F00.00      |
| Columbus   | 10          | H  | 43215                     | 1 0                         | 10 6      | 0   5         | <u> </u>                       | 500.00      |

Page Total \$ 2,750.00

<sup>\*</sup> Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

| Page | 7 |
|------|---|
| Page | 7 |

Prescribed by Secretary of State 3/05

|                                |   |                             |            |             |                          | ····                         |  |  |
|--------------------------------|---|-----------------------------|------------|-------------|--------------------------|------------------------------|--|--|
| Name of Committee in Full      |   |                             |            |             |                          |                              |  |  |
| Citizens For Dorrian Committee |   |                             |            |             |                          |                              |  |  |
| Full Name of Contributor       |   |                             | Registra   | tion Num    | ber, if PA               | С                            |  |  |
| E.B . Sisson                   |   |                             |            |             |                          |                              |  |  |
| Street Address                 |   | pation/Labor Organization*  |            |             |                          | Form (Cash, Check, etc.)     |  |  |
| 1000 Urlin Ave. Apt A16        | N/A                                     |                             |            |             |                          | Check                        |  |  |
| City                           | State                                   | Zip Code                    | М          | D           | Y                        | Amount                       |  |  |
| Columbus                       | $O \mid H$                              | 43212                       | 0 9        | 1 9         | 0   5                    | 100.00                       |  |  |
| Full Name of Contributor       |   |                             |            |             | ber, if PA               | С                            |  |  |
| Contributions from Form 31-E   |   |                             |            |             |                          |                              |  |  |
| Street Address                 | Employer/Occu                           | pation/Labor Organization*  |            |             |                          | Form (Cash, Check, etc.)     |  |  |
|                                |   |                             |            |             |                          |                              |  |  |
| City                           | State                                   | Zip Code                    | М          | D           | Y                        | Amount                       |  |  |
|                                | <b>i</b> ,                              |                             | 1 0        | 1 .         | 1                        | 3,675.00                     |  |  |
| Full Name of Contributor       |   |                             |            |             | ber, if PA               |                              |  |  |
| Tui Name of Commondo           |   |                             | I Cognocia |             |                          |                              |  |  |
| Street Address                 | Temployer/Occu                          | pation/Labor Organization*  |            |             |                          | Form (Cash, Check, etc.)     |  |  |
| Succe Address                  | Employen                                | pation Labor Organization   |            |             |                          | Politi (Casii, Clicon, Cic.) |  |  |
| C:                             | State                                   | 17:- Co.42                  | М          | D           | ΙΥ                       | A a                          |  |  |
| City                           | State                                   | Zip Code                    | 1 1/1      | וו          | 1                        | Amount                       |  |  |
|                                |   |                             |            | <u> </u>    | CD4                      |                              |  |  |
| Full Name of Contributor       |   |                             | Registra   | tion Num    | iber, if PA              | .C                           |  |  |
|                                |   |                             |            |             |                          | ·                            |  |  |
| Street Address                 | Employer/Occu                           | ipation/Labor Organization* |            |             |                          | Form (Cash, Check, etc.)     |  |  |
|                                | <u> </u>                                |                             |            |             |                          |                              |  |  |
| City                           | State                                   | Zip Code                    | М          | D           | Y                        | Amount                       |  |  |
|                                |   |                             |            |             |                          |                              |  |  |
| Full Name of Contributor       |   |                             | Registra   | tion Num    | iber, if PA              | C                            |  |  |
| ·                              |   |                             |            |             |                          |                              |  |  |
| Street Address                 | Employer/Occu                           | pation/Labor Organization*  |            |             |                          | Form (Cash, Check, etc.)     |  |  |
|                                |   | •                           |            |             |                          |                              |  |  |
| City                           | State                                   | Zip Code                    | М          | D           | . Y                      | Amount                       |  |  |
|                                | 1                                       | ,                           |            |             |                          |                              |  |  |
| Full Name of Contributor       |   |                             | Registra   | tion Nun    | ber, if PA               | LC                           |  |  |
|                                |   |                             |            |             |                          |                              |  |  |
| Street Address                 | Employer/Occu                           | pation/Labor Organization*  |            |             |                          | Form (Cash, Check, etc.)     |  |  |
|                                |   | <b>Pano</b>                 |            |             |                          | , , ,                        |  |  |
| City                           | State                                   | Zip Code                    | М          | D           | Y                        | Amount                       |  |  |
| City                           |   | Zip Code                    |            | [           | 1                        | Antonic                      |  |  |
| Full Name of Contributor       |   |                             | Dagistra   | tion Num    | nber, if PA              |                              |  |  |
| Full Name of Controllor        |   |                             | Registra   | IIIOII 17uu | 1061, 11 1 1             |                              |  |  |
| C A J.J.                       | Ir                                      | - M -1 Oiti *               |            |             |                          | In - (Cast Cheek etc.)       |  |  |
| Street Address                 | Employer/Occu                           | ipation/Labor Organization* |            |             |                          | Form (Cash, Check, etc.)     |  |  |
|                                |   | <del></del>                 | 1          | r           | T 7.                     |                              |  |  |
| City                           | State                                   | Zip Code                    | M          | D           | Y                        | Amount                       |  |  |
|                                |   |                             |            |             |                          |                              |  |  |
| Full Name of Contributor       |   |                             | Registra   | tion Nun    | ber, if PA               | VC .                         |  |  |
|                                |   |                             |            |             |                          |                              |  |  |
| Street Address                 | Employer/Occupation/Labor Organization* |                             |            |             | Form (Cash, Check, etc.) |                              |  |  |
|                                |   |                             |            |             |                          | } ·                          |  |  |
| City                           | State                                   | Zip Code                    | M          | D           | Y                        | Amount                       |  |  |
|                                |   |                             |            |             |                          | '                            |  |  |

Page Total \$ 3,775.00

<sup>\*</sup> Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

### **Statement of Other Income**

Prescribed by Secretary of State 2/01

| Name of Committee in Full      |            |          |                                       |        |
|--------------------------------|------------|----------|---------------------------------------|--------|
| Citizens for Dorrian Committee |            |          |                                       |        |
| Full Name                      |            |          | Registration Number, if PAG           | C      |
| The Ohio State University      | -          |          |                                       |        |
| Address                        | Type*      |          |                                       | Amount |
| 901 Woody Hayes Dr.            | $R \mid E$ |          | 0 6 3 0 0 5                           | 12.00  |
| City                           | State      | Zip Code | Form(Cash,Check,etc)                  |        |
| Columbus                       | $O \mid H$ | 43210    | Check                                 |        |
| Full Name                      |            |          | Registration Number, if PAG           | C      |
|                                |            |          |                                       |        |
| Address                        | Type*      |          | M D Y                                 | Amount |
|                                |            |          |                                       |        |
| City                           | State      | Zip Code | Form(Cash,Check,etc)                  |        |
|                                |            |          | 1                                     |        |
| Fuil Name                      |            |          | Registration Number, if PA            | C      |
|                                |            |          |                                       |        |
| Address                        | Type*      |          | M D Y                                 | Amount |
|                                |            |          |                                       |        |
| City                           | State      | Zip Code | Form(Cash,Check,etc)                  |        |
|                                |            | ] '      |                                       |        |
| Full Name                      | <u> </u>   | <u> </u> | Registration Number, if PA            | С      |
|                                |            |          |                                       |        |
| Address                        | Type*      |          | M D Y                                 | Amount |
|                                | 1,500      |          |                                       |        |
| City                           | State      | Zip Code | Form(Cash,Check,etc)                  |        |
| city                           | l state    | Zip Code | Tom(ousi,oneox,ett)                   |        |
| Full Name                      | 11         |          | Registration Number, if PA            | C      |
| Tui Naiic                      |            |          | regionation realition, is 111         |        |
| Address                        | Type*      |          | M D Y                                 | Amount |
| Addition                       | 1,700      |          |                                       |        |
| City                           | State      | Zip Code | Form(Cash,Check,etc)                  |        |
| City                           | State      | Zip Code | Tom(Cuon,Check,Coo)                   |        |
| Full Name                      |            | <u> </u> | Registration Number, if PA            | C      |
| Tun Manc                       |            |          | rogistration realition, it is         |        |
| Address                        | Type*      |          | M D Y                                 | Amount |
| Address                        | Type       |          |                                       |        |
| City                           | State      | Zip Code | Form(Cash,Check,etc)                  |        |
| City                           | State      | Zip Code | 1 omi(casii,cheek,ete)                |        |
| Full Name                      | 1          | <u></u>  | Registration Number, if PA            | C      |
| ruii Name                      | •          |          | Registration Number, if FA            |        |
| Aller                          | T*         |          | M D Y                                 | Amount |
| Address                        | Type*      |          |                                       | Anoun  |
| Cia                            | State      | 7ia Cada | Form(Cash,Check,etc)                  |        |
| City                           | State      | Zip Code | Form(Cash,Check,etc)                  |        |
|                                | l          |          | Devision Number (CDA                  |        |
| Full Name                      |            |          | Registration Number, if PA            | ic .   |
|                                | T = = =    |          | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | TA     |
| Address                        | Type*      |          | M D Y                                 | Amount |
|                                |            |          |                                       |        |
| City                           | State      | Zip Code | Form(Cash,Check,etc)                  |        |
|                                |            |          |                                       |        |

Page Total \$ 12.00

Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, place the letters IN for any investment or interest income earned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made.

| 1-B                                   |   |                           |       |          |
|---------------------------------------|---|---------------------------|-------|----------|
| R.C. 3517.10                          | · · · · · · · · · · · · · · · · · · ·     |                           |       |          |
|                                       |   |                           |       |          |
|                                       | Statement of Expe                         | nditures                  |       |          |
|                                       | CITIZENS FOR DORRIAN                      | COMMITTEE                 |       |          |
|                                       | Prescribed by Secretary of                | State 8/95                |       |          |
| DATE                                  | TO WILLIAM DAID                           | ITEM OD DUDDOOF           |       | 43401117 |
| DATE                                  | TO WHOM PAID                              | ITEM OR PURPOSE           | check | AMOUNT   |
| <del></del>                           | Name and Address                          |                           | #     |          |
| 06/08/05                              | Shamrock Club                             | Sponser/ Advertising      | 2144  | 100.00   |
| 00/00/03                              | 60 W Castle Rd., Columbus, Ohio 43204     | Sponser Advertising       | 2144  | 100.00   |
|                                       | ov w castic Rai, Columbus, Onio 43204     |                           |       |          |
| 06/08/05                              | Nana's Night Light                        | Support                   | 2145  | 100.00   |
|                                       | P.O.Box 2303 Westerville, Ohio 43086      |                           |       |          |
|                                       |   |                           |       |          |
| 06/13/05                              | CME Visa                                  | Business Lunches          | 2146  | 40.36    |
|                                       | P.O.Box 267121, Columbus, Ohio 43226      |                           |       |          |
|                                       |   |                           |       |          |
| 06/13/05                              | Ancient Order of Hibernians               | Advertising               | 2147  | 100.00   |
|                                       | P.O. Box 1953, Columbus, Oh 43216         |                           |       |          |
|                                       |   |                           |       |          |
| 06/15/05                              | John E Jones                              | Advertising               | 2148  | 35.00    |
|                                       | 528 Clark State RD., Gahanna, Oh 43230    |                           |       |          |
| 06/15/05                              | National Multiple Sclerosis Society       | Sponser                   | 2149  | 100.00   |
| 00/15/05                              | 842 Angus Ct., Worthington, Ohio 43085    | Sponser                   | 2177  | 100.00   |
|                                       | o 12 1 mgas cu, wordington, cino 13005    |                           |       |          |
| 06/17/05                              | Mental Memorial                           | Sponser                   | 2150  | 150.00   |
|                                       | 653 Crescent Rd, Columbus, Oh 43204       |                           |       |          |
|                                       |   |                           |       |          |
| 06/21/05                              | Agonis Club                               | Advertising               | 2151  | 75.00    |
|                                       | P.O. Box 14020, Columbus, Oh 43214        |                           |       |          |
|                                       |   |                           |       |          |
| 06/21/05                              | Northland community Fourth of July Parade | Advertising               | 2152  | 100.00   |
|                                       | P.O. Box 297836 Columbus, Oh 43229        |                           |       |          |
| 06/22/05                              | Florentino Dontono                        | C                         | 2162  | 220.46   |
| 00/22/03                              | Florentine Restaurant                     | Campaign Kickoff Luncheon | 2153  | 230.46   |
| · · · · · · · · · · · · · · · · · · · | 907 W Broad St., Columbus, Oh 43222       | Luncheon                  | ·     |          |
| 06/27/05                              | Part 2 Screen Prntg & Design              | Printed Tee's             | 2154  | 612.75   |
| 00/21/03                              | 935 King Ave., Columbus, Oh 43212         | 1111100 1003              | 4137  | 012.73   |
|                                       |   |                           |       |          |
|                                       |   |                           |       |          |
| **                                    | Check Outstanding                         | Total this page           |       | 1,643.57 |
|                                       |   | Page                      | 9     |          |

| 31-B                                   |   |                        |       |          |
|--|---|------------------------|-------|----------|
| 31-B<br>R.C. 3517.10                   |   |                        |       |          |
| K.C. 3317.10                           |   |                        |       |          |
|  | Statement of Exper  | nditures               |       | <u> </u> |
|  | CITIZENS FOR DORRIAN  |                        |       |          |
|  | Prescribed by Secretary of S  |                        |       |          |
| ······································ | Trescribed by Georgiany of C  | Julie 0/00             |       |          |
| DATE                                   | TO WHOM PAID  | ITEM OR PURPOSE        | check | AMOUNT   |
|  | Name and Address  |                        | #     |          |
|  |   |                        |       |          |
| 06/27/05                               | Postmaster  | Stamps                 | 2155  | 74.00    |
| ,                                      |   |                        |       |          |
|  |   |                        |       |          |
| 06/29/05                               | Megan Kilgore   | Candy/parade           | 2156  | 121.05   |
|  | 685 Kerr St., Columbus, Oh 43215  |                        |       |          |
| 07/11/07                               |   |                        |       |          |
| 07/11/05                               | Connells Maple Lee  | Flowers                | 2157  | 54.45    |
|  | P.O. Box 330, Lebanon, PA 17042   |                        |       |          |
| 07/12/05                               | Notional Overion Concer Coalition Inc.                                      | Contribution           | 2159  | 50.00    |
| 07/13/03                               | National Ovarian Cancer Coalition,Inc. 2329 Windsor Chase,Columbus,OH 43235 | Contribution           | 2158  | 50.00    |
|  | 2329 Willusor Chase, Columbus, Ort 43233                                    |                        |       |          |
| 07/13/05                               | Robert McDaniel   | Copies/parade supplies | 2159  | 15.36    |
| 01115105                               | 425 Derrer Rd, Columbus, OH 43204   | Copies/parade supplies | 2137  | 15.50    |
|  | 120 201101 1101, COLUMNOUS, CIT 1520 1                                      |                        |       |          |
| 07/14/05                               | St. Timothy Men's Club  | Contribution           | 2160  | 100.00   |
|  | 1088 Thomas Ln, Columbus, OH 43220  |                        |       |          |
|  |   |                        |       |          |
| 08/03/05                               | South High Boys Basketball  | Advertising            | 2161  | 45.00    |
|  | 1160 Ann St, Columbus, OH 43206   |                        |       |          |
|  |   |                        |       |          |
| 08/05/05                               | J W Cleary Promotional Products   | Yard Signs             | 2162  | 787.50   |
|  | 1511 Northwest Blvd, Columbus, OH 43212                                     |                        |       |          |
| 00/10/10                               |   |                        |       | <u> </u> |
| 08/10/05                               | Yaeger Graphics   | Football Cards         | 2163  | 439.00   |
|  | 935 W. Third Ave. Columbus, OH 43212  |                        |       |          |
| 09/11/05                               | Tina Defluiter  | Mamanial Symulian      | 2164  | 21.22    |
| 06/11/03                               | 5865 Haddler Rd., Dubin, Oh 43016   | Memorial Supplies      | 2164  | 21.33    |
|  | Jood Haddler Rd., Dublii, Off 45010   |                        |       |          |
| 08/15/05                               | CME Visa  | Campaign Door Prizes   | 2165  | 74.38    |
| 00,10,00                               | P.O.Box 267121, Columbus, Ohio 43226  | Campaign Door 111205   | 2103  | 77.36    |
|  |   |                        |       |          |
|  |   | ·                      |       |          |
| **                                     | Check Outstanding   | Total this page        |       | 1,782.07 |
|  |   | Page                   | 10    |          |

| B 2547.40                             |  |  |       |          |          |
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| C. 3517.10                            |  |  |       |          |          |
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| DATE                                  | TO WHOM PAID   | ITEM OR PURPOSE  | check | AMOUNT   |          |
| DAIL                                  | Name and Address   | TILW ON FUNFOOL  | #     | ANICONT  |          |
|                                       | Ivaine and Address   |  |       |          |          |
| 08/19/05                              | Weisenbach Specialty Printing  | Stationary   | 2166  | 239.06   | l        |
| 00/15/05                              | 437 Holtzman Ave, Columbus, OH 43205   | Stationary   | 2100  | 233.00   |          |
|                                       | 137 11012211411 1170,0014111043, 011 13203   | ·  |       |          |          |
| 08/19/05                              | Franklin County Democratic Party   | Judicial Fundraiser  | 2167  | 100.00   |          |
|                                       | 271 E. State St, Columbus, OH 43215  |  |       |          |          |
|                                       |  |  |       |          |          |
| 08/31/05                              | Franklin County Democratic Party   | 2005 Ballot Breakfast  | 2168  | 100.00   |          |
|                                       | 271 E. State St, Columbus, OH 43215  |  |       |          | ١.       |
|                                       |  |  |       |          |          |
| 09/01/05                              | Postmaster   | Stamps   | 2169  | 148.00   | 1        |
| · · · · · · · · · · · · · · · · · · · |  |  |       |          | 1        |
|                                       |  |  |       |          | 1        |
| 09/02/05                              | Agonis Club  | Luncheon   | 2170  | 30.00    | 1        |
|                                       | P.O. Box 14020, Columbus, Oh 43214   |  |       |          | 1        |
|                                       |  |  |       |          | 1        |
| 09/09/05                              | St. Charles Preparatory School   | Luncheon   | 2171  | 225.00   | 1        |
|                                       | 2010 E. Broad St, Columbus, OH 43209   |  |       |          |          |
|                                       |  | er til til delaktion for er det det skrivet from er kommen kommen kommen fra fra grunn som fill skrivet fra kommen fra det kommen fra kommen fr | ·     |          | 1        |
| 09/13/05                              | CME Visa   | Business Luncheons   | 2172  | 128.61   |          |
|                                       | P. O. Box 267121, Columbus, OH 43226   |  |       |          |          |
|                                       |  |  |       |          |          |
| 09/19/05                              | St. Stephen's Community House  | Parade   | 2173  | 100.00   |          |
|                                       | 1500 E. 17th Ave, Columbus, OH 43219   |  |       |          |          |
|                                       |  |  |       |          |          |
| 09/28/05                              | St. Anthony Church   | Advertising  | 2174  | 100.00   | <u>[</u> |
|                                       | 1300 Urban Dr, Columbus, OH 43229  |  |       |          |          |
|                                       |  |  |       |          |          |
| 09/28/05                              | Communicator News  | Advertising  | 2175  | 412.50   |          |
|                                       | 90 W. Campus View Blvd, Columbus, OH 4   | 3235   |       |          | 1        |
|                                       |  |  |       |          | ┨.       |
| 09/30/05                              | Franklin County Democratic Party   | Annual Ballot  | 2176  | 1,000.00 | <b> </b> |
|                                       | 271 East State St, Columbus, OH 43215  |  |       |          | 1        |
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| **                                    | Check Outstanding  | Total this page  |       | 2,583.17 | -        |
|                                       | <u>'</u>   | Page   | 11    |          |          |

| C. 3517.10                            |   |   |   |                      |        |
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|                                       |   |   |   |                      | 1      |
|                                       | Statement of Expe                         | nditures                                |   |                      |        |
|                                       | CITIZENS FOR DORRIAN                      | COMMITTEE                               |   |                      |        |
| · · · · · · · · · · · · · · · · · · · | Prescribed by Secretary of                | State 8/95                              |   |                      |        |
| DATE                                  | TO WILLIAM DAID                           | IZZZZ GO DUDDOGO                        |   |                      | _      |
| DATE                                  | TO WHOM PAID                              | ITEM OR PURPOSE                         | check                                   | AMOUNT               | 4      |
|                                       | Name and Address                          |   | #                                       |                      | 4      |
| 10/04/05                              | Megan Kilgore                             | Candy                                   | 2177                                    | 70.72                | +      |
|                                       | 685 Kerr St, Columbus, OH 43215           | Calldy                                  | 21//                                    | 70.72                | ┨"     |
|                                       | oos iten of, columbus, off 43213          |   |   |                      | -      |
| 10/04/05                              | Buckeye Printing & Mailing Services, Inc. | Absentee Mailings                       | 2178                                    | 1,593.00             | *      |
|                                       | 217 N. Grant Ave, Columbus, OH 43215      | 110001110011111111111111111111111111111 | 2170                                    | 1,375.00             | 1      |
|                                       | ,   |   |   |                      | 1      |
| 10/05/05                              | Westside Messenger                        | Advertising                             | 2179                                    | 266.40               | 1      |
|                                       | 3378 Sullivant Ave, Columbus, OH 43204    |   | <del></del>                             |                      | 1      |
|                                       |   |   |   |                      | 1      |
| 10/07/05                              | Lantz Printing Company, Inc.              | Election Cards                          | 2180                                    | 723.77               | 7>     |
|                                       | 257 Cleveland Ave, Columbus, OH 43215     |   |   |                      |        |
|                                       |   |   |   |                      | ┨、     |
| 10/07/05                              | Weisenbach Specialty Printing, Inc.       | Art Work                                | 2181                                    | 40.00                | ]}     |
|                                       | 437 Holtzman Ave, Columbus, OH 43205      |   |   |                      | 1      |
| 10/05/05                              |   |   |   |                      | ┨,     |
| 10/07/05                              | Lower London Street Dixieland Band        | Fund Raiser                             | 2182                                    | 7                    | (د     |
|                                       |   |   |   |                      | -      |
| 10/09/05                              | Holiday Inn on the Lane                   | Fund Raiser                             | 2183                                    | ) ( <del>.</del> . ) | -<br>K |
| 10/07/03                              | Tronday Init on the Lane                  | Tund Raisci                             | 2105                                    | : . ' <del>T</del> . | 7      |
|                                       |   |   |   |                      | 1      |
| 10/11/05                              | Columbus Post                             | Advertising                             | 2184                                    | 383.85               | زا     |
|                                       | 172 E. State St, Columbus, OH 43215       |   |   |                      | 7      |
|                                       |   |   | *************************************** |                      | 1      |
| 10/11/05                              | Surburban News Publication                | Advertising                             | 2185                                    | 325.00               | 7      |
|                                       | 5257 Sinclair Rd, Columbus, OH 43229      |   |   |                      |        |
|                                       |   |   |   |                      |        |
| 10/13/05                              | CME Visa                                  | Business Luncheon                       | 2186                                    | 36.42                | _ \{   |
|                                       | P. O. Box 267121, Columbus, OH 43226      |   |   |                      | 1      |
|                                       |   |   |   |                      | 1      |
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|                                       | I TIME E LITTETONATION                    | Lotal this nage                         |   | 3,439.16             | 1      |

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| R.C | . 3517.10 | (B) |

| Event Date | 08/26/0 |
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| Page       | 1       |

|                                   | Prescribed by Secretary of State 3/05   |   |
|-----------------------------------|---|---|
| Name of Committee in Full         | -                                       |   |
| Citizens For Dorrian Committee    |   | •   |
| Full Name of Contributor          |   | Registration Number, if PAC                     |
| William P. Demora                 |   |   |
| Street Address                    | Employer/Occupation/Labor Organization* | M D Y Amount                                    |
| 100 Warren St.                    | N/A                                     | 0 6 2 9 0 5 50.00                               |
| City                              | State Zip Code                          | Form(Cash,Check,etc)                            |
| Columbus                          | O H 43215                               | Check   |
| Full Name of Contributor          |   | Registration Number, if PAC                     |
| Eleanor Fox                       | · ·                                     |   |
| Street Address                    | Employer/Occupation/Labor Organization* | M D Y Amount                                    |
| 245 E. Dominion Blvd.             | N/A                                     | 0 8 2 1 0 5 25.00                               |
| City                              | State Zip Code                          | Form(Cash, Check, etc)                          |
| Columbus                          | O H 43214                               | Check   |
| Full Name of Contributor          |   | Registration Number, if PAC                     |
| Catherine E. Kramer               |   | <u> </u>  |
| Street Address                    | Employer/Occupation/Labor Organization* | M D Y Amount                                    |
| 4064 W. National Rd.              | N/A                                     | 0 8 2 3 0 5 15.00                               |
| City                              | State Zip Code                          | Form(Cash,Check,etc)                            |
| Springfield                       | O H 45504                               | Check   |
| Full Name of Contributor          |   | Registration Number, if PAC                     |
| Mary Pulsinelli                   |   |   |
| Street Address                    | Employer/Occupation/Labor Organization* | M D Y Amount                                    |
| 2681 Shewsbury                    | N/A                                     | 0 8 2 3 0 5 25.00                               |
| City                              | State Zip Code                          | Form(Cash,Check,etc)                            |
| Columbus                          | O   H   43221                           | Check   |
| Full Name of Contributor          |   | Registration Number, if PAC                     |
| Nora P. Dorrian                   |   |   |
| Street Address                    | Employer/Occupation/Labor Organization* | M D Y Amount                                    |
| 523 S. 5th St.                    | N/A                                     | 0 8 2 6 0 5 25.00                               |
| City                              | State Zip Code                          | Form(Cash,Check,etc)                            |
| Columbus                          | O H 43206                               | Check   |
| Full Name of Contributor          |   | Registration Number, if PAC                     |
| Thomas W. Slemmer                 |   |   |
| Street Address                    | Employer/Occupation/Labor Organization* | M D Y Amount                                    |
| 2440 Buckley Rd.                  | N/A                                     | 0 8 1 4 0 5 25.00                               |
| City                              | State Zip Code                          | Form(Cash,Check,etc)                            |
| Columbus Full Name of Contributor | O H 43220                               | Check   |
|                                   |   | Registration Number, if PAC                     |
| Van J. Ambrose<br>Street Address  | Tr. 1                                   | 1, 7, 5, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, |
|                                   | Employer/Occupation/Labor Organization* | M D Y Amount                                    |
| 416 Olympia Fields Ct.            | N/A                                     | 0 8 2 2 0 5 25.00                               |
| Cohonno                           | State Zip Code                          | Form(Cash,Check,etc)                            |
| Gahanna                           | O H 43230                               | Check   |

Fill in the boxes below only on the last page for this event.

| Total contributions this event | Total expenditures this event |   |               | <del></del> |
|--------------------------------|-------------------------------|---|---------------|-------------|
|                                |                               | • | Page Total \$ | 190.00      |
| 1.880.00                       |                               |   | L             |             |

<sup>\*</sup> Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

| Event Date | 08/26/05 |
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| Page       | 2        |

|                                | Prescribed by Secretary of State 3/05   |  |
|--------------------------------|---|--|
| Name of Committee in Full      |   |  |
| Citizens For Dorrian Committee |   |  |
| Full Name of Contributor       |   | Registration Number, if PAC            |
| Virginia C. Price              |   |  |
| Street Address                 | Employer/Occupation/Labor Organization* | M D Y Amount                           |
| 420a Alexandra Colony, E.      | N/A                                     | 0 8 2 5 0 5 25.00                      |
| City                           | State Zip Code                          | Form(Cash, Check, etc)                 |
| Columbus                       | O H 43215                               | Check                                  |
| Full Name of Contributor       |   | Registration Number, if PAC            |
| Helen M. Vanhedye              |   |  |
| Street Address                 | Employer/Occupation/Labor Organization* | M D Y Amount                           |
| 775 E. Johnstown Rd. Unit 112  | N/A                                     | 0 8 2 6 0 5 25.00                      |
| City                           | State Zip Code                          | Form(Cash,Check,etc)                   |
| Gahanna                        | O H 43230                               | Check                                  |
| Full Name of Contributor       |   | Registration Number, if PAC            |
| Esther Jo Stein                |   |  |
| Street Address                 | Employer/Occupation/Labor Organization* | M D Y Amount                           |
| 5785 Bastille Pl.              | N/A                                     | 0 8 2 7 0 5 50.00                      |
| City                           | State Zip Code                          | Form(Cash,Check,etc)                   |
| Columbus                       | O H 43213                               | Check                                  |
| Full Name of Contributor       |   | Registration Number, if PAC            |
| Martha Sullivan                |   |  |
| Street Address                 | Employer/Occupation/Labor Organization* | M D Y Amount                           |
| 2873 Ashby Rd.                 | N/A                                     | 0 8 2 6 0 5 50.00                      |
| City                           | State Zip Code                          | Form(Cash,Check,etc)                   |
| Columbus                       | O H 43209                               | <u>Check</u>                           |
| Full Name of Contributor       |   | Registration Number, if PAC            |
| John E. Dorrian                | In                                      |  |
| Street Address                 | Employer/Occupation/Labor Organization* | M D Y Amount                           |
| 175 Delhi Ct. Apt. D           | N/A<br>State Zip Code                   | 0 9 0 6 0 5 50.00                      |
| Columbus                       | , , , , , , , , , , , , , , , , , , ,   | Form(Cash,Check,etc)                   |
| Full Name of Contributor       | O H 43202                               | Check                                  |
| E. A. Cuticchia                |   | Registration Number, if PAC            |
| E. A. CUHCCIHA Street Address  | E-places/Occuration/Labor Occuration    | M D Y Amount                           |
|                                | Employer/Occupation/Labor Organization* | 1                                      |
| 645 Neil Ave. Apt 823          | N/A State Zip Code                      | 0 8 0 8 0 5 25.00 Form(Cash,Check,etc) |
| Columbus                       | 10015                                   | Check                                  |
| Full Name of Contributor       | O H 43215                               | Registration Number, if PAC            |
| Anna Marie Robinson            |   | Registration Number, if FAC            |
| Street Address                 | Employer/Occupation/Labor Organization* | M D Y Amount                           |
| 2825 Neil Ave. Apt. 718        | N/A                                     | 0 8 2 6 0 5 25.00                      |
| City                           | State Zip Code                          | Form(Cash,Check,etc)                   |
| Columbus                       | H 43202                                 | Check                                  |
| Columbus                       | 1 ()   11   10404                       | CIRCK                                  |

Fill in the boxes below only on the last page for this event.

| Total contributions this event | Total expenditures this event |               |        |
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|                                |                               | Page Total \$ | 250.00 |
|                                |                               | i             |        |

<sup>\*</sup> Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

| Event Date | 08/26/05 |
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| Page       | 3        |

Prescribed by Secretary of State 3/05 Name of Committee in Full Citizens For Dorrian Committee Full Name of Contributor Registration Number, if PAC Andrea Kulesza Graves Street Address Employer/Occupation/Labor Organization\* Amount 2103 Tamarin Dr. 0 8 2 6 25.00 Zip Code Form(Cash,Check,etc) Columbus 43235 H Check Full Name of Contributor Registration Number, if PAC Virginia S. Van Camp Street Address Employer/Occupation/Labor Organization\* Amount 2647 Schaaf Dr. 0 8 2 6 0 5 25.00 Form(Cash,Check,etc) Zip Code City Columbus | H 43209 Check Full Name of Contributor Registration Number, if PAC Joan M. Ensign Street Address Employer/Occupation/Labor Organization\* Amount 3600 Reed Rd. No. 4 0 8 1 0 0 | 5 25.00 N/A Zip Code City Form(Cash,Check,etc) State Columbus H 43220 Check Full Name of Contributor Registration Number, if PAC Emily J. Gerwig Employer/Occupation/Labor Organization\* D Υ Amount 1264 Woodbrook Cr. W. 0 8 2 6 0 5 25.00 N/A State Zip Code Form(Cash,Check,etc) Columbus H 43223 Check Full Name of Contributor Registration Number, if PAC Joseph D. Gibbonev Street Address Employer/Occupation/Labor Organization\* 110 Ironclad Dr. 0 8 2 6 0 5 25.00 Zip Code Form(Cash,Check,etc) Columbus 43213 Check H Full Name of Contributor Registration Number, if PAC James L. Moses Street Address Employer/Occupation/Labor Organization\* D Amount 144 E. Columbus St. 2 0 0 | 5 25.00 0 8 City Zip Code Form(Cash,Check,etc) Canal Winchester 43110 Check Full Name of Contributor Registration Number, if PAC Mary B. Crawford Street Address Employer/Occupation/Labor Organization\* Amount 816 Plumtree Dr. 0 8 2 6 0 5 25.00 City Zip Code Form(Cash,Check,etc) Columbus  $O \mid H$ 43235 Check

Fill in the boxes below only on the last page for this event.

| Total contributions this event | Total expenditures this event |               |        |
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|                                |                               | Page Total \$ | 175.00 |
|                                |                               |               |        |

<sup>\*</sup> Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

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| R | C. | 35 | 17. | 10 | B |

| Event Date | 08/26/05 |
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| Page       | 4        |

Prescribed by Secretary of State 3/05 Name of Committee in Full Citizens For Dorrian Committee Full Name of Contributor Registration Number, if PAC Martha A. Armstrong Street Address Employer/Occupation/Labor Organization\* 25.00 015338 Fallis Rd. 2 2 Zip Code Form(Cash, Check, etc) Columbus 43214 Check Full Name of Contributor Registration Number, if PAC Patricia A. Durbin Employer/Occupation/Labor Organization\* Amount 2736 Castlewood Rd. 0 8 2 6 0 | 5 25.00 City Zip Code Form(Cash,Check,etc) | H 43209 Columbus Check Full Name of Contributor Registration Number, if PAC James E. Kraus Street Address Employer/Occupation/Labor Organization\* Amount 0 8 2 6 0 5 25.00 105 Beaufort Ln. Apt A N/A Zip Code Form(Cash,Check,etc) State 43214 Columbus Η Check Full Name of Contributor Registration Number, if PAC Catherine H. Stoffel Employer/Occupation/Labor Organization\* D Υ 20.00 858 S. Brinker Ave. 0 8 0 7 0 5 N/A Zip Code Form(Cash,Check,etc) Columbus 43204 Check H Full Name of Contributor Registration Number, if PAC Betty M. Binder Street Address Employer/Occupation/Labor Organization\* 3527 Prestwick Ct. South 20.00 0 8 2 6 0 5 Zip Code Form(Cash,Check,etc) 43220 Check Columbus Н Full Name of Contributor Registration Number, if PAC Patricia Gibbonev Street Address Employer/Occupation/Labor Organization\* Amount 0 8 2 6 25.00 0 | 5 110 Ironclad Dr. City Zip Code Form(Cash,Check,etc) Columbus 43213 Check Registration Number, if PAC Full Name of Contributor Ellen C. Scherer Street Address Employer/Occupation/Labor Organization\* Amount 112 E. New England Ave. 0 8 2 6 0 5 25.00 City Zip Code Form(Cash,Check,etc) State Worthington H 43085 Check

Fill in the boxes below only on the last page for this event.

| Total contributions this event | Total expenditures this event |                      |
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|                                |                               | Page Total \$ 165.00 |
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<sup>\*</sup> Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

| Event Date | 08/26/05 |
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| Page       | 5        |

Amount

50.00

0 8 1 2 0 5

Check

Form(Cash,Check,etc)

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05 Name of Committee in Full Citizens For Dorrian Committee Full Name of Contributor Registration Number, if PAC Iulia L. Dorrian Street Address Employer/Occupation/Labor Organization\* D Y Amount 130 Northridge Rd. Mun. Court Judge 0 8 1 5 0 5 100.00 State Zip Code Form(Cash,Check,etc) Columbus 43214 Check Full Name of Contributor Registration Number, if PAC Bernard J. McClory Employer/Occupation/Labor Organization\* Amount 1288 S. Fourth St. 0 8 2 6 35.00 City Zip Code Form(Cash,Check,etc) 43206 Columbus Η Check Full Name of Contributor Registration Number, if PAC James P. Hanley Street Address Employer/Occupation/Labor Organization\* D Amount 35.00 2492 Timberside Dr. 0 8 2 6 0 5 City Zip Code Form(Cash, Check, etc) Check Columbus 43235 Full Name of Contributor Registration Number, if PAC Margaret M. Lombardo Employer/Occupation/Labor Organization\* 1025 Birchmont Rd. 2 6 0 5 30.00 N/A 0 8 Zip Code Form(Cash,Check,etc) 43220 Columbus Check Full Name of Contributor Registration Number, if PAC Raymond R. Thomas, Jr. Street Address Employer/Occupation/Labor Organization\* Amount 0 8 2 6 0 5 50.00 671 S. 3rd St. N/A Zip Code Form(Cash,Check,etc) 43206 Columbus Н Check Full Name of Contributor Registration Number, if PAC Lawrence J. Corcoran Street Address Employer/Occupation/Labor Organization\* 0 8 2 6 0 5 204 S. 5th St. 100.00 Priest Zip Code Form(Cash,Check,etc) State Columbus 43215 Check Full Name of Contributor Registration Number, if PAC

H

Fill in the boxes below only on the last page for this event.

William L. White

113 Bellefield Ave.

Westerville

Street Address

City

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

| Total contributions this event  | Table on a discount in a const | <del></del>          |
|---------------------------------|--------------------------------|----------------------|
| 1 otal contributions this event | Total expenditures this event  |                      |
|                                 |                                | Page Total \$ 400.00 |
| · ·                             |                                | 400.00               |
|                                 |                                |                      |

Employer/Occupation/Labor Organization\*

Zip Code

43081

<sup>\*</sup> Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

| 31-  | E  |     |     |   |
|------|----|-----|-----|---|
| R.C. | 35 | 17. | 100 | B |

| Event Date | 08/26/05 |
|------------|----------|
| Page       | 6        |

|  | Prescribed by Secretary of            | f State 3/05      |            |                                  |               |             |
|--|---------------------------------------|-------------------|------------|----------------------------------|---------------|-------------|
| Name of Committee in Full                |                                       |                   |            |                                  |               |             |
| Citizens For Dorrian Committee           |                                       |                   |            |                                  |               |             |
| Full Name of Contributor                 |                                       |                   | Registrat  | ion Number, if F                 | PAC           |             |
| Delores Harrison                         | · · · · · · · · · · · · · · · · · · · |                   |            |                                  |               |             |
| Street Address                           | Employer/Occupation/La                | bor Organization* | M          | D Y                              | Amount        | =0.00       |
| 300 Overstreet Way, Apt 301              | N/A                                   |                   |            |                                  | 5             | 50.00       |
| City                                     | State Zip Co                          |                   |            | sh,Check,etc)                    |               |             |
| Colimbus                                 | O H                                   | 43228             |            | Check                            |               |             |
| Full Name of Contributor                 |                                       |                   | Registrat  | ion Number, if F                 | PAC           |             |
| John T. Dittoe                           |                                       |                   |            |                                  | - <del></del> |             |
| Street Address                           | Employer/Occupation/La                | bor Organization* | M          | D Y                              | Amount        |             |
| 2675 Trottersway Dr.                     | N/A                                   |                   | 0 8        | 2 6 0 5                          | 5             | 50.00       |
| City                                     | State Zip Co                          |                   | 1          | sh,Check,etc)                    |               |             |
| Columbus                                 | OH                                    | 43235             |            | Check                            |               |             |
| Full Name of Contributor                 |                                       |                   | Registrat  | ion Number, if I                 | PAC           |             |
| James M. Mentel                          | · · · · · · · · · · · · · · · · · · · |                   |            |                                  | 1             |             |
| Street Address                           | Employer/Occupation/La                | bor Organization* | M          | D Y                              | Amount        | 100.00      |
| 653 Crescent Rd.                         | N/A                                   |                   |            | 2 6 0 5                          | 2             | 100.00      |
| City                                     | State Zip Co                          |                   |            | sh,Check,etc)                    |               |             |
| Columbus                                 | O H                                   | 43204             |            | Check                            |               |             |
| Full Name of Contributor                 |                                       |                   | Registrat  | ion Number, if I                 | PAC           |             |
| Martin F. Russell                        |                                       |                   |            |                                  |               |             |
| Street Address                           | Employer/Occupation/La                | bor Organization* | M          | DY                               | Amount        | 100.00      |
| 884 Macon Alley                          | N/A                                   | <del> </del>      |            | 2 6 0 3                          | )             | 100.00      |
| City                                     | State Zip Co                          |                   |            | sh,Check,etc)                    |               |             |
| Columbus Full Name of Contributor        | OH                                    | 43206             |            | Check                            | 34.0          |             |
|  |                                       |                   | Registrat  | ion Number, if I                 | PAC           |             |
| Margory G. (Marge) Fadley Street Address | Employer/Occupation/La                | has Ossaniantian# | M          | DY                               | Amount        | <del></del> |
|  | 1                                     | bor Organization* |            | 2 6 0                            | 1             | 50.00       |
| 298 Topsfield Rd.                        | N/A<br>State Zip C                    |                   |            | sh,Check,etc)                    | 2]            | 30.00       |
| Columbus                                 | O H                                   | 43228             |            | Check                            |               |             |
| Full Name of Contributor                 | 1 ()   11                             | 43220             |            | tion Number, if I                | PAC           |             |
| Catherine E. Faherty                     |                                       |                   | Registrat  | ion rumoer, ir i                 | . AC          |             |
| Street Address                           | Employer/Occupation/La                | hor Organization* | М          | D Y                              | Amount        |             |
| 6135 Cedar Ln. N. W.                     | Nurse                                 | oor Organization  | 0 8        |                                  |               | 100.00      |
| City                                     | State Zip C                           | vde               |            | $\triangle \mid O \mid O \mid A$ | J             | 100.00      |
| Canton                                   | O H                                   | 44708             | 1 :        | Check                            |               |             |
| Full Name of Contributor                 | ()   11                               | 44700             |            | tion Number, if I                | PAC           |             |
| James T. Foley                           |                                       |                   | i Cogistia |                                  |               |             |
| Street Address                           | Employer/Occupation/La                | bor Organization* | М          | DY                               | Amount        |             |
| 5253 E. Broad St. Apt 116                | N/A                                   |                   | 0 8        |                                  |               | 50.00       |
| City                                     | State Zip C                           | ode               |            | sh,Check,etc)                    |               |             |
| Columbus                                 | O H                                   | 43213             |            | Check                            |               |             |
| Columbas                                 |                                       | 10410             |            | CITCUL                           |               |             |

Fill in the boxes below only on the last page for this event.

| Total contributions this event | Total expenditures this event |               |        |
|--------------------------------|-------------------------------|---------------|--------|
|                                |                               | Page Total \$ | 500.00 |

<sup>\*</sup> Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

| 3  | 1- | E  |     |     |   |
|----|----|----|-----|-----|---|
| R. | C. | 35 | 17. | 100 | B |

| Event Date | 08/26/05 |
|------------|----------|
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|                                   | Prescribed by Se | cretary of State 3/05      |          |              |              |         |                                       |
|-----------------------------------|------------------|----------------------------|----------|--------------|--------------|---------|---------------------------------------|
| Name of Committee in Full         |                  |                            |          |              |              |         |                                       |
| Citizens For Dorrian Committee    |                  |                            |          |              |              |         | ·                                     |
| Full Name of Contributor          |                  |                            | Registra | tion Numl    | ber, if PA   | .C      |                                       |
| Helen McDaniel                    |                  |                            |          |              |              |         |                                       |
| Street Address                    | 1                | pation/Labor Organization* | M        | D            | Y            | Amount  | F0 00                                 |
| 419 Derrer Rd.                    | N/A              |                            | 0 8      |              | 0 5          |         | 50.00                                 |
| City                              | State            | Zip Code                   |          | sh,Check     |              |         |                                       |
| Columbus Full Name of Contributor | OH               | 43204                      |          | Checl        |              |         |                                       |
|                                   |                  |                            | Kegistra | tion Num     | ber, II PA   |         |                                       |
| Richard J. Ryan<br>Street Address | Employer/Occur   | pation/Labor Organization* | M        | D            | Y            | Amount  |                                       |
| 1452 Ironwood Dr.                 | N/A              | Janon Ciganization         |          | 2 6          |              | Allouit | 50.00                                 |
| City                              | State            | Zip Code                   |          | sh,Check     |              |         | 50.00                                 |
| Columbus                          | OH               | 43229                      |          | Checl        |              |         |                                       |
| Full Name of Contributor          |                  | 1 10447                    |          | tion Num     |              | C       |                                       |
| David Robinson                    |                  |                            |          |              | ,            |         |                                       |
| Street Address                    | Employer/Occur   | pation/Labor Organization* | M        | D            | Y            | Amount  |                                       |
| 130 Northridge Rd.                | Attorne          | <del>-</del>               | 018      | 2 6          | 015          |         | 100.00                                |
| City                              | State            | Zip Code                   |          | ash,Check    |              |         |                                       |
| Columbus                          | $O \mid H$       | '                          |          | Cash         |              |         |                                       |
| Full Name of Contributor          |                  |                            | Registra | tion Num     | ber, if PA   | 'C      |                                       |
|                                   |                  |                            |          |              |              |         |                                       |
| Street Address                    | Employer/Occu    | pation/Labor Organization* | М        | D            | Y            | Amount  |                                       |
|                                   | •                |                            |          |              |              | 1       |                                       |
| City                              | State            | Zip Code                   | Form(C   | ash,Check    | c,etc)       |         |                                       |
|                                   |                  |                            |          |              |              |         |                                       |
| Full Name of Contributor          |                  |                            | Registra | tion Num     | ber, if PA   | C       |                                       |
|                                   |                  |                            |          |              |              |         |                                       |
| Street Address                    | Employer/Occu    | pation/Labor Organization* | М        | D            | Y            | Amount  |                                       |
|                                   |                  |                            |          | <u> </u>     |              |         |                                       |
| City                              | State            | Zip Code                   | Form(C   | ash,Checl    | k,etc)       |         |                                       |
|                                   | <u> </u>         |                            |          |              |              |         |                                       |
| Full Name of Contributor          |                  |                            | Registra | ition Num    | iber, if PA  | AC .    |                                       |
| G A.1.                            | IF 1 (0          | 7.1.0                      | M        | D            | ΙΥ           | Amount  |                                       |
| Street Address                    | Employer/Occu    | pation/Labor Organization* | M        |              | Y            | Amount  |                                       |
| City                              | State            | Zip Code                   | Form(C   | ash,Checl    | k etc)       |         |                                       |
| City                              | State            | Zip Code                   | rounce   | asii,Cileci  | κ,εισ)       |         |                                       |
| Full Name of Contributor          |                  |                            | Registra | ition Num    | ber if PA    | VC.     |                                       |
| an intended Contributor           |                  |                            | Rogisur  | illon I tuin | 1001, 11 1 7 |         |                                       |
| Street Address                    | Employer/Occu    | pation/Labor Organization* |          | T D          | Y            | Amount  | · · · · · · · · · · · · · · · · · · · |
|                                   |                  |                            |          |              |              |         |                                       |
| City                              | State            | Zip Code                   | Form(C   | ash,Checl    | k,etc)       |         |                                       |
|                                   |                  |                            | '        | ,            | . ,          |         |                                       |
|                                   | · <u>I</u> !     |                            |          |              |              |         |                                       |
|                                   |                  |                            |          |              |              |         |                                       |

Fill in the boxes below only on the last page for this event.

| Total contributions this event | Total expenditures this event |  |               |        |
|--------------------------------|-------------------------------|--|---------------|--------|
|                                |                               |  | Page Total \$ | 200.00 |
|                                | <b> </b>                      |  |               |        |

<sup>\*</sup> Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

| Event Date | 10/9/2005 |
|------------|-----------|
| Page       | 1         |

Prescribed by Secretary of State 3/05 Name of Committee in Full Citizens For Dorrian Committee Full Name of Contributor Registration Number, if PAC Halima Carter Employer/Occupation/Labor Organization\* Street Address Amount 0|4|P.O. Box 248422 City of Columbus 25.00 Zip Code Form(Cash,Check,etc) Columbus 43224 Check Registration Number, if PAC Full Name of Contributor George L. Jenkins Employer/Occupation/Labor Organization\* 5980 Whittingham Dr. 1 0 0 1 250.00 Attornev City Zip Code Form(Cash,Check,etc) Dublin H 43017 Check Full Name of Contributor Registration Number, if PAC Cullen Daniel, III C.P.A. Street Address Employer/Occupation/Labor Organization\* Amount 2686 Halleck Dr. City of Columbus 1 0 0 6 0 5 50.00 Zip Code Form(Cash,Check,etc) State Columbus 43209 Check Full Name of Contributor Registration Number, if PAC James A. Bowman Employer/Occupation/Labor Organization\* Street Address D Y 1 0 0 9 0 5 4573 Hayden Run Rd. N/A 50.00 Form(Cash,Check,etc) Zip Code Columbus H 43221 Check Full Name of Contributor Registration Number, if PAC Robert W. Crosby, Jr Employer/Occupation/Labor Organization\* D Amount 1520 Thurell Rd. 1 0 0 9 0 5 25.00 City of Columbus City Zip Code Form(Cash, Check, etc) 43229 Columbus Check Full Name of Contributor Registration Number, if PAC Julia L. Dorrian Street Address Employer/Occupation/Labor Organization\* D Amount 1 0 0 9 0 5 100.00 130 Northridge Rd. Mun Court Judge

Zip Code

Employer/Occupation/Labor Organization\*

Zip Code

43214

43026

Form(Cash,Check,etc)

Check

1 0 0 8 0 5

Check

Form(Cash,Check,etc)

Registration Number, if PAC

Amount

300.00

State

Consultant

Η

Fill in the boxes below only on the last page for this event.

Columbus

James E. Underwood

4140 Stargrass Ct.

Full Name of Contributor

Hilliard

Street Address

City

| Total contributions this event | Total expenditures this event |                      |
|--------------------------------|-------------------------------|----------------------|
|                                |                               | Page Total \$ 800.00 |
| 3 675 00                       | 3 1/2 20                      |                      |

<sup>\*</sup> Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

| Event Date | 10/9/2005 |
|------------|-----------|
| Page       | 2         |

Prescribed by Secretary of State 3/05 Name of Committee in Full Citizens For Dorrian Committee Full Name of Contributor Registration Number, if PAC Ramona F. Pieplow Street Address Employer/Occupation/Labor Organization\* Amount N/A 357 Betz Rd. N.W. 0 9 0 | 5 100.00 1 | 0 |Form(Cash,Check,etc) Zip Code 43130 Lancaster Check Full Name of Contributor Registration Number, if PAC Emma Petrosky Street Address Employer/Occupation/Labor Organization\* Amount 1 0 0 9 0 5 100.00 92 N. James Rd. Zip Code Form(Cash,Check.etc) City State Columbus Η 43213 Check Full Name of Contributor Registration Number, if PAC Donald T. Plank Street Address Employer/Occupation/Labor Organization\* D Amount 1 0 0 9 0 5 50.00 685 City Park Ave. N/A City Form(Cash,Check,etc) State Zip Code 43206 Columbus  $\perp$  H Check Full Name of Contributor Registration Number, if PAC James M. Mentel Street Address Employer/Occupation/Labor Organization\* 653 Crescent Rd N/A 1 0 0 9 0 5 100.00 State Zip Code Form(Cash,Check,etc) Columbus 43204 Η Check Full Name of Contributor Registration Number, if PAC Thomas M. Isaacs Employer/Occupation/Labor Organization\* 1197 Three Forks Dr. S. City of Columbus 1 0 0 9 0 | 5 100.00 Zip Code Form(Cash,Check,etc) Westerville 43081 Check Н Full Name of Contributor Registration Number, if PAC Michael E. Sexton Street Address Employer/Occupation/Labor Organization\* Amount City of Columbus 1 | 0 | 0 | 9 |0 | 5 100.00 9 Buttles Ave. Apt. 414 Form(Cash,Check,etc) City State Zip Code Columbus 43215 Check Full Name of Contributor Registration Number, if PAC Thomas J. Ayers Street Address Employer/Occupation/Labor Organization\* Amount 1 0 0 9 0 5 488 Clark State Rd. 100.00 N/AForm(Cash,Check,etc) Zip Code City State 43230 Gahanna Η Check

Fill in the boxes below only on the last page for this event.

| Total contributions this event | Total expenditures this event |                      |
|--------------------------------|-------------------------------|----------------------|
|                                |                               | Page Total \$ 650.00 |
|                                |                               |                      |

<sup>\*</sup> Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

| Event Date | 10/9/2005 |
|------------|-----------|
| Page       | 3         |

Prescribed by Secretary of State 3/05 Name of Committee in Full Citizens For Dorrian Committee Full Name of Contributor Registration Number, if PAC Jeffrey W. Clouse Street Address Employer/Occupation/Labor Organization\* Amount 8522 Payson Dr.  $0 \mid 2$ 0 | 5 25.00 City of Columbus Zip Code Form(Cash,Check,etc) State Lewis Center 43035 Check H Full Name of Contributor Registration Number, if PAC Debra K. McKinnev Street Address Employer/Occupation/Labor Organization\* 11922 Elder Ln. City of Columbus 1 0 0 1 0 5 20.00 City State Zip Code Form(Cash,Check,etc) Canal Winchester Η 43110 Check Full Name of Contributor Registration Number, if PAC Helen McDaniel Street Address Employer/Occupation/Labor Organization\* D Amount 419 Derrer Rd. 1 0 0 5 0 5 50.00 City Zip Code Form(Cash,Check,etc) Columbus 43204 Check Full Name of Contributor Registration Number, if PAC Kimber Perfect Street Address Employer/Occupation/Labor Organization\* D 50.00 251 W. Third Ave. N/A 0 9 3 0 0 5 Zip Code City State Form(Cash,Check,etc) Columbus 43201 Η Check Full Name of Contributor Registration Number, if PAC Emily J. Gerwig Employer/Occupation/Labor Organization\* 0|9|2|7 1264 Woodbrook Cr. W. Retired 0 | 5 150.00 Zip Code Form(Cash,Check,etc) Columbus 43223 Check Full Name of Contributor Registration Number, if PAC Darlene W. Short Street Address Employer/Occupation/Labor Organization\* Amount 200.00 842 Angus Ct. Consultant 0|9|2|9| 0 | 5 Zip Code Form(Cash,Check,etc) State Worthington 43085 Check Full Name of Contributor Registration Number, if PAC David T. Weaver Street Address Employer/Occupation/Labor Organization\* Amount 0 9 2 9 0 5 100.00 340 N. Parkway Rd. Consultant Form(Cash,Check,etc) City State Zip Code 43015 Delaware Η Check

Fill in the boxes below only on the last page for this event.

| Total contributions this event | Total expenditures this event |                      |
|--------------------------------|-------------------------------|----------------------|
|                                |                               | Page Total \$ 595.00 |
|                                |                               |                      |

<sup>\*</sup> Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

| 3  | 1- | E   |     |     |   |
|----|----|-----|-----|-----|---|
| R. | C. | 351 | 7.1 | 0/B | , |

| Event Date | 10/9/2005 |
|------------|-----------|
| Page       | 4         |

Prescribed by Secretary of State 3/05 Name of Committee in Full Citizens For Dorrian Committee Full Name of Contributor Registration Number, if PAC V. Toliver Street Address Employer/Occupation/Labor Organization\* 1573 Grandview Ave. City of Columbus 1 0 0 3 0 | 5 100.00 Form(Cash,Check,etc) State Zip Code Columbus Η 43212 Check Full Name of Contributor Registration Number, if PAC Total Employee Contributions from form 31-G Employer/Occupation/Labor Organization\* Amount 1 0 0 9 0 5 1,530.00 City State Zip Code Form(Cash,Check,etc) Full Name of Contributor Registration Number, if PAC Street Address Employer/Occupation/Labor Organization\* Amount State Zip Code Form(Cash,Check,etc) Full Name of Contributor Registration Number, if PAC Street Address Employer/Occupation/Labor Organization\* D Amount State Zip Code Form(Cash,Check,etc) Full Name of Contributor Registration Number, if PAC Street Address Employer/Occupation/Labor Organization\* D Zip Code Form(Cash,Check,etc) Full Name of Contributor Registration Number, if PAC Street Address Employer/Occupation/Labor Organization\* D City Zip Code State Form(Cash,Check,etc) Full Name of Contributor Registration Number, if PAC Street Address Employer/Occupation/Labor Organization\* D Amount

Fill in the boxes below only on the last page for this event.

City

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

| Total contributions this event | Total expenditures this event |                        |
|--------------------------------|-------------------------------|------------------------|
|                                |                               | Page Total \$ 1.630.00 |

Zip Code

Form(Cash, Check, etc)

<sup>\*</sup> Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

| Event Date | 10/9/05 |
|------------|---------|
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### Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

| Name of Committee in Full          |              |             | ···          |              |      |  |             |
|------------------------------------|--------------|-------------|--------------|--------------|------|--|-------------|
| Citizens for Dorian Committee      |              |             |              |              |      |  |             |
| To Whom Paid                       |              |             | М            | D            | Y    | Amount                                 | <del></del> |
| Lower London Street Dixieland Band |              |             | 1.           | 1 .          |      |  | 600.00      |
| Address                            | Purpose      |             | 1 0          | 0 9          | 10/3 | <u> </u>                               | 000.00      |
| 31 East Dodridge                   | 1            | Fundraiser  |              |              |      |  |             |
| City                               | State        | Zip Code    | Check        | Number       |      |  |             |
| Columbus                           | ОН           | 43202       |              | 2182         | )    |  |             |
| To Whom Paid                       | 10 11        | 10202       | M            | D D          | Ý    | Amount                                 |             |
| Holiday Inn on The Lane            |              |             | 1 0          | i .          | 1 .  | 1                                      | 2,542.29    |
| Address                            | Purpose      | <del></del> |              | 1012         | 1015 | <u> </u>                               | L, O 14.47  |
| 328 W Lane Ave                     | Banquet      |             |              |              |      |  |             |
| City                               | State        | Zip Code    | Check        | Number       |      |  |             |
| Columbus                           | $O \mid H$   | 43201       | 1            | 2183         | 3    |  |             |
| To Whom Paid                       | 10 11        | 1 20-02     | М            | D            | Y    | Amount                                 |             |
|                                    |              |             |              |              |      |  |             |
| Address                            | Purpose      |             |              | 1 1          |      | <u> </u>                               | ·           |
|                                    |              |             |              |              |      |  |             |
| City                               | State        | Zip Code    | Check        | Number       |      |  |             |
|                                    |              |             | ŀ            |              |      |  |             |
| To Whom Paid                       | <del>_</del> |             | М            | D            | Y    | Amount                                 |             |
|                                    |              |             |              |              | 1    |  |             |
| Address                            | Purpose      |             | 1            |              |      | •                                      |             |
| ·                                  |              |             |              |              |      |  |             |
| City                               | State        | Zip Code    | Check        | Check Number |      |  |             |
|                                    |              |             |              |              |      |  |             |
| To Whom Paid                       |              |             | М            | D            | Y    | Amount                                 |             |
|                                    | •            |             |              |              |      |  |             |
| Address                            | Purpose      |             |              |              |      | ······································ |             |
|                                    |              |             |              |              |      |  |             |
| City                               | State        | Zip Code    | Check Number |              |      |  |             |
|                                    |              |             |              |              |      |  |             |
| To Whom Paid                       |              |             | М            | D            | Y    | Amount                                 |             |
|                                    |              |             |              |              |      |  |             |
| Address                            | Purpose      |             |              |              |      |  |             |
|                                    |              | · .         | *            |              |      |  |             |
| City                               | State        | Zip Code    | Check        | Number       |      |  |             |
|                                    |              |             |              |              |      |  |             |
| To Whom Paid                       |              |             | М            | D            | Y    | Amount                                 |             |
|                                    | - T          |             |              |              |      | <u> </u>                               |             |
| Address                            | Purpose      |             |              |              |      |  |             |
|                                    |              |             |              |              |      |  |             |
| City                               | State        | Zip Code    | Check        | Number       |      |  |             |
|                                    |              | 1           | 1            |              |      |  |             |

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

| Page 5 |
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|--------|

Prescribed by Secretary of State 2/01

| Name of Committee in Full   |                    |                       |                                     |                                       |
|---|--------------------|-----------------------|-------------------------------------|---------------------------------------|
| Citizens for Dorrian Committee  |                    |                       |                                     |                                       |
| Full Name of Contributor  |                    | <del></del>           |                                     |                                       |
| Timothy J. Carroll  |                    |                       |                                     |                                       |
| Street Address  |                    | <del></del>           | M D Y                               | Amount                                |
| 3297 Scioto Glen Dr.  |                    |                       | 1 0 0 5 0 5                         | 50.00                                 |
| City  | State              | Zip Code              | Form (Cash, Check, etc)             |                                       |
| Hilliard  | ОН                 | 43026                 | Check                               |                                       |
| Full Name of Contributor  | 0 11               | 12020                 | - Critical                          |                                       |
| James E. Baumann  |                    |                       |                                     |                                       |
| Street Address  |                    |                       | M D Y                               | Amount                                |
| 664 Torch Ct.   |                    |                       | 1 0 0 9 0 5                         | 100.00                                |
| City  | State              | Zip Code              | Form (Cash, Check, etc)             | 100.00                                |
| Gahanna   | OH                 | 43230                 | Check                               |                                       |
| Full Name of Contributor  | 0 11               | 40200                 | Check                               |                                       |
| Paul V. Kuppich   |                    |                       |                                     | -                                     |
| Street Address  | ·                  |                       | M D Y                               | Amount                                |
| 1262 Three Forks Dr. N.   |                    |                       | 1 1 1 .                             | 50.00                                 |
| 1202 THREE FORKS DT. IN. City   | State              | Zip Code              | 1 0 0 8 0 5 Form (Cash, Check, etc) | 30.00                                 |
| Westerville   | 1 .                | 1                     |                                     |                                       |
| VV estervine Full Name of Contributor                                     | OH                 | 43081                 | Check                               |                                       |
|   |                    | ·                     |                                     |                                       |
| Julie A. Burkart  |                    |                       | l v                                 | 14                                    |
| Street Address  |                    |                       | M D Y                               | Amount                                |
| 5972 Rocky Rill Rd.   | 1                  | Te: 0 .               |                                     | 100.00                                |
| City  | State              | Zip Code              | Form (Cash, Check, etc)             |                                       |
| Columbus  | O H                | 43235                 | Check                               |                                       |
| Full Name of Contributor  |                    |                       |                                     |                                       |
| Eric Smith  |                    |                       |                                     |                                       |
| Street Address  |                    |                       | M D Y                               | Amount                                |
| 4479 Sellers Ave.   |                    |                       |                                     | 50.00                                 |
| City  | State              | Zip Code              | Form (Cash, Check, etc)             |                                       |
| Columbus  | O H                | 43214                 | Check                               |                                       |
| Full Name of Contributor  |                    |                       |                                     | Note that the second second           |
| Rebecca L. Cox  |                    |                       |                                     |                                       |
| Street Address  |                    |                       | M D Y                               | Amount                                |
| 241 E. Moler St.  |                    |                       | 1 0 0 7 0 5                         | 30.00                                 |
| City  | State              | Zip Code              | Form (Cash, Check, etc)             |                                       |
| Columbus  | OH                 | 43207                 | Check                               |                                       |
| The above are employees of a unit or department under the direct supervi  | sion or control of | Hugh J                | . Dorrian , v                       | who currently holds the public office |
| C:L- A 1:L  |                    |                       |                                     |                                       |
| of <u>City Auditor</u> . I hereby affirm that                             | each contribution  | was voluntarily made. |                                     |                                       |
| (Signature of Treasur   | er or Deputy Treas | surer)                |                                     |                                       |
| Transfer total employee contributions to Form No. 31-A or 31-E, if receiv |                    |                       | me of Contributor" state "To        | otal employee                         |

Transfer total employee contributions to Form No. 31-A or 31-E, if received at a social or fundraising event. Under "Full Name of Contributor" state "Total employee contributions from form No. 31-G."

Page Total \$ \_\_\_\_380.00\_

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Prescribed by Secretary of State 2/01

| Name of Committee in Full   |                   |          |   |
|---|-------------------|----------|---|
| Citizens for Dorrian Committee  |                   |          |   |
| Full Name of Contributor  |                   |          |   |
| Thomas R. Noorkah   |                   |          |   |
| Street Address  |                   |          | M D Y Amount                                      |
| 3138 Rimmer   |                   |          | 1 0 1 1 0 5 150.00                                |
| City  | State             | Zip Code | Form (Cash, Check, etc)                           |
| Dublin  | ОН                | 43017    | Check   |
| Full Name of Contributor  |                   |          |   |
| Barbara A. Cantrell   |                   | ·<br>    |   |
| Street Address  |                   |          | M D Y Amount                                      |
| 4110 Demorest Cove Ct.  |                   |          | 1   0   0   9   0   5   50.00                     |
| City  | State             | Zip Code | Form (Cash, Check, etc)                           |
| Grove City  | ОН                | 43123    | Check   |
| Full Name of Contributor  |                   | ·        |   |
| W. Doug Todd  |                   |          |   |
| Street Address  |                   |          | M D Y Amount                                      |
| 2343 Hardesty Ct.   |                   |          | 1 0 0 6 0 5 50.00                                 |
| City  | State             | Zip Code | Form (Cash, Check, etc)                           |
| Columbus  | OH                | 43204    | Check   |
| Full Name of Contributor  |                   |          |   |
| Samuele Pompeo Stefanelli   |                   |          |   |
| Street Address  |                   |          | M D Y Amount                                      |
| 3186 Miriam Dr. N.  |                   |          | 1 0 0 9 0 5 50.00                                 |
| City  | State             | Zip Code | Form (Cash, Check, etc)                           |
| Columbus  | ОН                | 43204    | Check   |
| Full Name of Contributor  | <u> </u>          |          |   |
| Kevin M. Robison  |                   |          |   |
| Street Address  |                   |          | M D Y Amount                                      |
| 6768 Atlin Ct.  |                   |          | 1 0 0 5 0 5 100.00                                |
| City  | State             | Zip Code | Form (Cash, Check, etc)                           |
| Dublin  | OH                | 43017    | Check   |
| Full Name of Contributor  |                   |          |   |
| Karen A. White  |                   |          |   |
| Street Address  |                   |          | M D Y Amount                                      |
| 2210 Nottingham Rd.   |                   |          | 1   0   0   6   0   5   50.00                     |
| City  | State             | Zip Code | Form (Cash, Check, etc)                           |
| Columbus  | OH                | 43221    | Check   |
| The above are employees of a unit or department under the direct supervisor City Auditor . I hereby affirm that e |                   | Hugh J   | . Dorrian , who currently holds the public office |
| Rowl De Signature of Treasure   | er or Deputy Trea | isurer)  |   |

Transfer total employee contributions to Form No. 31-A or 31-E, if received at a social or fundraising event. Under "Full Name of Contributor" state "Total employee

contributions from form No. 31-G."

Page Total \$ 450.00

Prescribed by Secretary of State 2/01

| Name of Committee in Full  |          |      |          |                         |
|--|----------|------|----------|-------------------------|
| Citizens for Dorrian Committee   |          |      |          |                         |
| Full Name of Contributor   |          | **** |          |                         |
| Paul R. Colflesh   |          |      |          |                         |
| Street Address   |          |      | -        | M D Y Amount            |
| 5129 Mapleridge Dr.  |          |      |          | 1 0 0 4 0 5 100.00      |
| City   | State    | ;    | Zip Code | Form (Cash, Check, etc) |
| Columbus   | 0        | Н    | 43232    | Check                   |
| Full Name of Contributor   |          |      | *        |                         |
| Timothy J. Carroll   |          |      |          |                         |
| Street Address   |          |      |          | M D Y Amount            |
| 3297 Scito Glen Dr.  |          |      |          | 1 0 0 4 0 5 50.00       |
| City   | State    |      | Zip Code | Form (Cash, Check, etc) |
| Hilliard   | 0        | H    | 43026    | Check                   |
| Full Name of Contributor   |          |      |          |                         |
| Brad A. Marburger Street Address   |          |      |          | M D Y Amount            |
|  |          |      |          |                         |
| 170 Green Ave.<br><sub>City</sub>  | State    |      | Zip Code | 1 0 0 3 0 5 50.00       |
|  | _ 1      |      | 43125    | Check                   |
| Groveport Full Name of Contributor   | O        | 11   | 43123    | Check                   |
| Melinda Jeanne Frank   |          |      |          |                         |
| Street Address   |          |      |          | M D Y Amount            |
| 4038 James River Rd.   |          |      |          | 1 0 0 3 0 5 100.00      |
| City   | State    |      | Zip Code | Form (Cash, Check, etc) |
| New Albany   | 0        | Н    | 43054    | Check                   |
| Full Name of Contributor   | <u> </u> |      |          |                         |
| Michael D. Jones   |          |      |          |                         |
| Street Address   |          |      |          | M D Y Amount            |
| 260 Reeb Ave.  |          |      |          | 1 0 0 2 0 5 100.00      |
| City   | State    | =    | Zip Code | Form (Cash, Check, etc) |
| Columbus   | 0        | Н    | 43207    | Check                   |
| Full Name of Contributor   |          |      |          |                         |
| Richard A. Ellis   |          |      |          |                         |
| Street Address   |          |      |          | M D Y Amount            |
| 6624 Forrester Way   |          |      |          | 0 9 2 7 0 5 50.00       |
| City   | State    |      | Zip Code | Form (Cash, Check, etc) |
| Reynoldsburg   | 0        | Н    | 43068    | Check                   |
| The above are employees of a unit or department under the direct supervision or control of Hugh J. Dorrian, who currently holds the public office. |          |      |          |                         |
| of City Auditor . I hereby affirm that e   |          |      |          |                         |
|  |          |      |          |                         |

Transfer total employee contributions to Form No. 31-A or 31-E, if received at a social or fundraising event. Under "Full Name of Contributor" state "Total employee contributions from form No. 31-G."

Page Total \$ 450.00

Prescribed by Secretary of State 2/01

| Name of Committee in Full  |             |           |                       |           |              |       |            |
|--|-------------|-----------|-----------------------|-----------|--------------|-------|------------|
| Citizens for Dorrian Committee   |             |           |                       |           |              |       |            |
| Full Name of Contributor   |             |           |                       |           |              |       |            |
| Vikki Amicon   |             |           |                       |           |              |       |            |
| Street Address   |             |           |                       | M         | D            | Y     | Amount     |
| 1208 Northwest Blvd.   |             |           |                       | 0 9       | 2 7          | 0 5   | 200.00     |
| City   | Sta         | ate       | Zip Code              | Form (Cas |              |       |            |
| Columbus   | 0           | Н         | 43212                 | Check     |              |       |            |
| Full Name of Contributor   |             |           |                       |           |              |       |            |
| Patricia Hinkle  |             |           |                       |           |              |       |            |
| Street Address   |             |           |                       | М         | D            | Y     | Amount     |
| 118 N. Main St. P.O. Box 58  |             |           |                       | 0 9       | 2 8          | 0 5   | 50.00      |
| City   | Sta         | ate       | Zip Code              | Form (Cas |              |       |            |
| Glenford   | 0           | Н         | 43739                 | Check     |              |       |            |
| Full Name of Contributor   |             |           |                       |           |              |       |            |
|  |             |           |                       |           |              |       |            |
| Street Address   |             |           |                       | M         | D            | Y     | Amount     |
| **   |             |           |                       |           |              |       |            |
| City   | Sta         | ate       | Zip Code              | Form (Ca  | sh, Check,   | etc)  |            |
|  |             |           |                       |           |              |       |            |
| Full Name of Contributor   |             |           |                       |           |              |       |            |
|  |             |           |                       |           |              |       |            |
| Street Address   |             |           |                       | M         | D            | Y     | Amount     |
|  |             |           |                       | 1.1       | 1            |       |            |
| City   | Sta         | ate       | Zip Code              | Form (Ca  | sh, Check,   | etc)  |            |
|  |             |           |                       | 1         |              |       |            |
| Full Name of Contributor   |             |           |                       |           |              |       |            |
| Tun Tunio di Condidato   |             |           |                       |           |              |       |            |
| Street Address   |             |           |                       | M         | D            | Y     | Amount     |
| 500017100000   |             |           |                       |           |              |       | 7 Milotali |
| City   | T St:       | ate       | Zip Code              | Form (Ca  | sh. Check.   | etc)  |            |
|  |             |           | Lip odd               |           |              | ,     |            |
| Full Name of Contributor   |             |           |                       |           |              |       |            |
| The state of Conditions  |             |           |                       |           |              |       |            |
| Street Address   |             |           |                       | М         | D            | Y     | Amount     |
| Street Address   |             |           |                       | IWI       |              | 1     | Autouit    |
| City   | 1 6.        | ate       | Zip Code              | Form (Ca  | sh, Check,   | etc)  |            |
| City   | 30          | ale .     | zip code              | Torin (Ca | sii, Cilcox, | Cito) |            |
|  | l           |           |                       | <u> </u>  |              |       |            |
| The above are employees of a unit or department under the direct supervision or control of Hugh J. Dorrian, who currently holds the public office  |             |           |                       |           |              |       |            |
| True and the state of the state |             |           |                       |           |              |       |            |
| of City Auditor / . I hereby affirm that   | each contr  | ibution   | was voluntarily made. |           |              |       |            |
| Reto 10m 3 T   |             |           |                       |           |              |       |            |
| (Signature of Treasur  | rer or Depu | ity Treas | surer)                |           |              |       |            |
| Transfer total employee contributions to Form No. 31-A or 31-E, if received at a social or fundraising event. Under "Full Name of Contributor" state "Total employee   |             |           |                       |           |              |       |            |

Transfer total employee contributions to Form No. 31-A or 31-E, if received at a social or fundraising event. Under "Full Name of Contributor" state "Total employee contributions from No. 31-G."

Page Total \$ 250.00

### **In-Kind Contributions Received**

Prescribed by Secretary of State 3/05

| Name of Committee in Full                  |  |                                      |   |  |  |  |
|--|--|--------------------------------------|---|--|--|--|
| Citizens for Dorrian Committee             |  |                                      |   |  |  |  |
| Full Name of Contributor                   | Employer, Occupation, Labor Organization * Registration Number, if PAC |                                      |   |  |  |  |
| Patrick Mooney                             | Employer, Cook   | Retired                              | Registration Number, if I AC            |  |  |  |
| Street Address                             | Description of I   |                                      | M D Y Fair Market Value                 |  |  |  |
| 3439 EnJoie Dr                             | r  | nps/ Beverages                       | 0 8 2 6 0 5 85.00                       |  |  |  |
| City                                       | State  | Zip Code                             | Received at Fundraising Event?          |  |  |  |
| Columbus                                   | $O \mid H$   | 43228                                | YES NO                                  |  |  |  |
| Full Name of Contributor<br>Helen McDaniel | Employer, Occi   | pation, Labor Organization * Retired | Registration Number, if PAC             |  |  |  |
| Street Address                             | Description of I   |                                      | M D Y Fair Market Value                 |  |  |  |
| 419 Derrer Rd                              | Foo  | od/Beverages                         | 0   8   2   6   0   5   175.00          |  |  |  |
| City                                       | State Zip Code   |                                      | Received at Fundraising Event?          |  |  |  |
| Columbus                                   | $O \mid H$   | 43204                                | YES NO                                  |  |  |  |
| Full Name of Contributor                   | Employer, Occi   | pation, Labor Organization *         | Registration Number, if PAC             |  |  |  |
| Cindy McDaniel                             | <u> </u>   | N/A                                  |   |  |  |  |
| Street Address                             | Description of I   | tem or Service                       | M D Y Fair Market Value                 |  |  |  |
| 425 Derrer Rd                              | Foo  | od/Beverages                         | 0 8 2 6 0 5 125.00                      |  |  |  |
| City                                       | State  | Zip Code                             | Received at Fundraising Event?          |  |  |  |
| Columbus                                   | O  H   | 43204                                | YES NO                                  |  |  |  |
| Full Name of Contributor                   | Employer, Occi   | upation, Labor Organization *        | Registration Number, if PAC             |  |  |  |
| Street Address                             | Description of I   | tem or Service                       | M D Y Fair Market Value                 |  |  |  |
| City                                       | State  | Zip Code                             | Received at Fundraising Event?          |  |  |  |
|  |  |                                      | YES NO                                  |  |  |  |
| Full Name of Contributor                   | Employer, Occupation, Labor Organization *                             |                                      | Registration Number, if PAC             |  |  |  |
| Street Address                             | Description of Item or Service   |                                      | M D Y Fair Market Value                 |  |  |  |
| City                                       | State  | Zip Code                             | Received at Fundraising Event?  YES  NO |  |  |  |
| Full Name of Contributor                   | Employer, Occupation, Labor Organization *                             |                                      | Registration Number, if PAC             |  |  |  |
| Pull Maine of Conditionor                  | Employer, Coo.   | ipation, Labor Organization          | Registration (viunder, it FAC           |  |  |  |
| Street Address                             | Description of I   | Item or Service                      | M D Y Fair Market Value                 |  |  |  |
| City                                       | State  | Zip Code                             | Received at Fundraising Event?          |  |  |  |
| Full Name of Contributor                   | Employer, Occupation, Labor Organization *                             |                                      | Registration Number, if PAC             |  |  |  |
| Street Address                             | Description of Item or Service   |                                      | M D Y Fair Market Value                 |  |  |  |
|  |  |                                      |   |  |  |  |
| City                                       | State Zip Code   |                                      | Received at Fundraising Event?  YES  NO |  |  |  |
| Full Name of Contributor                   | Employer, Occ  | upation, Labor Organization *        | Registration Number, if PAC             |  |  |  |
| Street Address                             | Description of   | Item or Service                      | M D Y Fair Market Value                 |  |  |  |
| City                                       | State  | Zip Code                             | Received at Fundraising Event?  YES NO  |  |  |  |

| Page Total \$ | 385.00 |
|---------------|--------|
|               | · · ·  |

<sup>\*</sup> Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]